

A.P.N. No.:	1220-04-112-028
Recording Requested By:	
Linda J. Skaggs	
Mail Tax Statements To:	Same as below
When Recorded Mail To:	
Linda J. Skaggs	
1309 Castle Lane	
Gardnerville, NV 89410	



SHAWNYNE GARREN, RECORDER

AFFIDAVIT OF SURVIVORSHIP

State of Nevada)
) ss
 County of Carson City)

Linda J. Skaggs, of legal age, being first duly sworn, deposes and says: That Charles Robert Skaggs, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Robert C. Skaggs named as one of the parties in that certain Grant Bargain and Sale Deed dated April 11, 2000 executed by Laury L. Laursen, Trustee of the Laury L. Laursen Living Trust, dated February 4, 1997 to Robert C. Skaggs and Linda J. Skaggs, husband and wife as community property with Rights of survivorship, recorded as Document No. 0489718, on April 11, 2000 in Book 0400, Page 1744 of Official Records of Douglas County Nevada, covering the following described property situated in Douglas County, State of Nevada.

Real property situated in the County of Douglas, State of Nevada, described as follows:

Lot 52 as shown on the map of KINGSLANE UNIT NO. 2, filed in the office of the Recorder of Douglas County, Nevada on December 20, 1971 in Book 94, Page 517, File No. 55958, of Official Records.

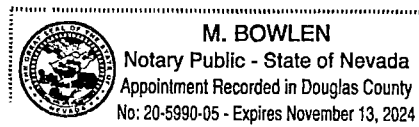
Dated: February 23, 2023.

Linda J. Skaggs
 Linda J. Skaggs

State of Nevada)
) ss
 County of Douglas)

This instrument was acknowledged before me on the 23rd day of February, 2023.
 By: Linda J. Skaggs.

Signature: M. Bowlen
 Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4240511

CERTIFICATE OF DEATH

2021024886
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Charles Robert SKAGGS		2. DATE OF DEATH (Mo/Day/Year) September 30, 2021		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) Carson Tahoe Regional Medical Center		3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Emergency Room / Outpatient	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 73	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Linda BROCKHOFF		8. DATE OF BIRTH (Mo/Day/Yr) July 03, 1948	
13. SOCIAL SECURITY NUMBER [REDACTED] 2364		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) TRUCK DRIVER		14b. KIND OF BUSINESS OR INDUSTRY TRUCKING	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1309 Castle Ln		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		4. SEX Male	
16. FATHER/PARENT - NAME (First Middle Last Suffix) William Glenn SKAGGS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lula Mae KRIDER		
18a. INFORMANT- NAME (Type or Print) Linda SKAGGS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1309 Castle Ln Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN THOMAS		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) [Signature]			22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) MARILYN A BRANINBURG		
21b. DATE SIGNED (Mo/Day/Yr) October 06, 2021		21c. HOUR OF DEATH 08:44		22b. DATE SIGNED (Mo/Day/Yr) October 06, 2021	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) [Signature]		22c. HOUR OF DEATH 08:44		22d. PRONOUNCED DEAD (Mo/Day/Yr) September 30, 2021	
22e. PRONOUNCED DEAD AT (Hour) 08:44		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Marilyn A Braninburg 911 E Musser St Carson City, NV 89701			
23b. LICENSE NUMBER					
24a. REGISTRAR (Signature) DARAN GRISSOM		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 11, 2021		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24d. SIGNATURE AUTHENTICATED					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) Coronary Artery Disease					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Atherosclerotic Cardiovascular Disease					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Hypertension					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Diabetes Mellitus					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Atrial Flutter; Atrial Fibrillation; Combined Systolic And Diastolic Heart Failure; COPD, Chronic Tobacco Use Disorder By History				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED					
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	



CERTIFIED COPY OF VITAL RECORDS

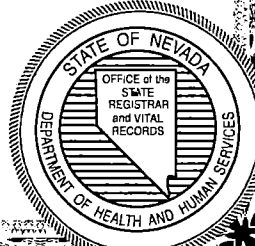
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

10/22/2021

[Signature]
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE