

APN: 1319-30-627-012



SHAWNYNE GARREN, RECORDER

After Recording Mail to:

Lane M. Koslow
P.O. Box 1847
Green Cove Springs, FL 32043

The undersigned affirms that this document does contain the social security number of any person, as required by NRS 440.380. (NRS 239B.030).

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF Florida)
COUNTY OF St. Johns) : ss.

LANE M. KOSLOW, being duly sworn, declares:

That SANDRA LOUISE RICHARDSON KOSLOW, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as SANDRA R. KOSLOW, named as one of the parties in the Grant, Bargain and Sale Deed executed by Eric H. Toews to Lane M. Koslow and Sandra R. Koslow, husband and wife as joint tenants, as to an undivided one-half interest and Gary L. Johnson, a single man as to an undivided one-half interest and recorded as Instrument No.181243 on June 30, 1988, in Book 688, Page 4626 of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

Lot 108, Tahoe Village Unit No. 1, an amended Map of Alpine Village Unit No. 1, filed in the office of the County Recorder of Douglas County, State of Nevada, on December 7, 1971, as Document No. 55769.

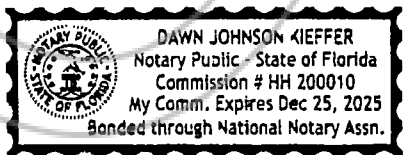
Per NRS 111.312, this legal description was previously recorded as Instrument No.181243 on June 30, 1988, in Book 688, Page 4626 of Official Records of Douglas County.

LANE M. KOSLOW

Subscribed and sworn to before me this 23RD day of March 2023 by Lane M. Koslow.

NOTARY PUBLIC

[Seal]



BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2023002557

DATE ISSUED: JANUARY 11, 2023

DECEDENT INFORMATION

DATE FILED: JANUARY 10, 2023

NAME: SANDRA LOUISE RICHARDSON KOSLOW

DATE OF DEATH: JANUARY 9, 2023

SEX: FEMALE

AGE: 072 YEARS

DATE OF BIRTH: JUNE 23, 1950

SSN: [REDACTED]-3755

BIRTHPLACE: PORTLAND, OREGON, UNITED STATES

PLACE WHERE DEATH OCCURRED: NURSING HOME

FACILITY NAME OR STREET ADDRESS: SEAGRASS VILLAGE OF FLEMING ISLAND

LOCATION OF DEATH: FLEMING ISLAND, CLAY COUNTY, 32003

RESIDENCE: 1126 ST. JOHNS AVENUE, GREEN COVE SPRINGS, FLORIDA 32043, UNITED STATES

COUNTY: CLAY

OCCUPATION, INDUSTRY: EXECUTIVE, SALES

EDUCATION: ASSOCIATE DEGREE

EVER IN U.S. ARMED FORCES? NO

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: LANE MARK KOSLOW

FATHER'S/PARENT'S NAME: WILLIAM CHAPIN RICHARDSON

MOTHER'S/PARENT'S NAME: HELEN LOUISE MITCHELL

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: LANE MARK KOSLOW

RELATIONSHIP TO DECEDENT: HUSBAND

INFORMANT'S ADDRESS: PO BOX 1847, GREEN COVE SPRINGS, FLORIDA 32043, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: KATHRYN K. THOMAS, F079855

FUNERAL FACILITY: BROADUS-RAINES FUNERAL HOME F040015

501 SPRING ST, GREEN COVE SPRINGS, FLORIDA 32043

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: CLAY CREMATORY
MIDDLEBURG, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 0738

DATE CERTIFIED: JANUARY 10, 2023

CERTIFIER'S NAME: NAJA RADA NADDAF

CERTIFIER'S LICENSE NUMBER: ME90385

NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT ENTERED

The first five digits of the decedent's Social Security Number have been redacted pursuant to §119.071(5), Florida Statutes.



, STATE REGISTRAR

REQ: 2024788355

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC F... THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.



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DH FORM 1946 (03-13)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

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