

DOUGLAS COUNTY, NV

2023-996025

Rec:\$40.00

\$40.00

Pgs=4

04/28/2023 10:14 AM

FIRST AMERICAN TITLE MINDEN

SHAWNYNE GARREN, RECORDER

APN# 1121-05-512-007

Recording Requested by/Mail to:

Name: FIRST AMERICAN TITLE

Address: 1663 US HWY 395 N STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: DOUGLAS MOYER

Address: 9932 Wildhawk Dr

City/State/Zip: Sacramento CA 95829

AFFIDAVIT TERMINATING JOINT TENANCY

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)



Signature

E.TOBIAS

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

A.P.N.: 1121-05-512-007

File No: 143-2662647 (et)

When Recorded return to, and mail Tax Statements to:
DOUGLAS MOYER

AFFIDAVIT - TERMINATING JOINT TENANCY

Douglas W. Moyer, of legal age, being first duly sworn, deposes and says:

That **Margo Ann Moyer**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Margo A. Moyer** named as one of the parties in that certain **GRANT, BARGAIN SALE DEED** dated **MARCH 11, 2019** executed by **Jeffrey Alan Hill** to **Douglas W. Moyer and Margo A. Moyer** as joint tenants, recorded as Document No. **2019-927276** on **3/29/2019** in Book **N/A** of Official Records of **Douglas** County, **Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

LOT 78 AS SET FORTH ON RECORD OF SURVEY FOR PINEVIEW DEVELOPMENT UNIT 3, BEING FILED FOR RECORD IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER ON FEBRUARY 15, 2002 IN BOOK 202, PAGE 5047, AS DOCUMENT NO. 534794 AS SET FORTH ON AMENDED RECORD OF SURVEY FOR PINEVIEW DEVELOPMENT UNIT 3, RECORDED SEPTEMBER 10, 2002, IN BOOK 902, PAGE 2510, AS DOCUMENT NO. 551762, OFFICIAL RECORDS.

Douglas Wade Moyer

04/21/2023

Douglas W. Moyer

Date

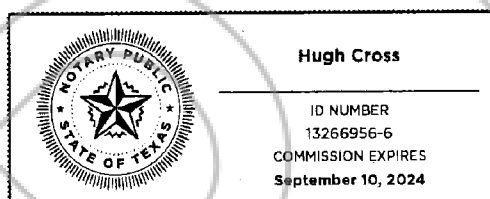
STATE OF Texas)
COUNTY OF Bell) :SS.

This instrument was acknowledged before me on this:
21st day of April 2023,

By: **Douglas W. Moyer**

By: *Hugh Cross* / Its: _____

Notary Public
(My commission expires: 09/10/2024)



Notarized online using audio-video communication

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4335195

CERTIFICATE OF DEATH

2023003842
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

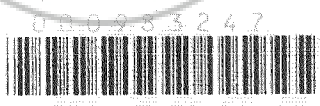
CERTIFIER

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) Margo Ann MOYER		2. DATE OF DEATH (Mo/Day/Year) February 19, 2023		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street number) Carson Valley Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 77	
9a. STATE OF BIRTH (if not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
13. SOCIAL SECURITY NUMBER ██████████-5129		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) SECRETARY		14b. KIND OF BUSINESS OR INDUSTRY Non-profit	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 246 Walker Street		15e. INSIDE CITY LIMITS (Specify Yes or No) No		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Douglas Wade MOYER	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Columbus FITZGERALD			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Wylma CHILDS		
18a. INFORMANT - NAME (Type or Print) Douglas Wade MOYER			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 246 Walker Street Gardnerville, Nevada 89410		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) NORMA M FINKES SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD967		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmerelda Place Minden NV 89423	
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) CAROLYN H SCHWARTZ APRN SIGNATURE AUTHENTICATED			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)		
21b. DATE SIGNED (Mo/Day/Yr) February 24, 2023		21c. HOUR OF DEATH 17:58		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Carolyn H Schwartz APRN 1155 Mill Street Reno, NV 89502					23b. LICENSE NUMBER 856620
24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 24, 2023		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Vasogenic Edema DUE TO, OR AS A CONSEQUENCE OF: (b) Subdural Hemorrhage DUE TO, OR AS A CONSEQUENCE OF: (c) Subarachnoid Hemorrhage DUE TO, OR AS A CONSEQUENCE OF: (d) Thrombocytopenia					Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Acute Myeloid Leukemia					26. AUTOPSY (Specify Yes or No) No
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.

3/2/2023

DATE ISSUED:

STATE REGISTRAR

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

