

APN# 1022-18-001-035



SHAWNYNE GARREN, RECORDER

Recording Requested by/Mail to:

Name: Dennis Fleming

Address: 3253 Reese Ln.

City/State/Zip: Gardnerville, NV 89410

Mail Tax Statements to:

Name: Dennis Fleming

Address: 3253 Reese Ln.

City/State/Zip: Gardnerville, NV 89410

Affidavit - Death of Joint Tenant

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)

Dennis R Fleming

Signature

Dennis Fleming

Printed Name

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

APN: 1022-18-001-035

RECORDING REQUESTED BY:

Dennis Fleming

AFTER RECORDATION, RETURN BY MAIL TO

Dennis Fleming
3253 Reese Ln.
Gardnerville, NV 89410

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss:
COUNTY OF DOUGLAS)

Dennis Fleming, being 18 years or over, being first duly sworn, deposes and says: decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Linda Fleming named as one of the parties in that certain Grant, Bargain, Sale Deed dated September 8, 2005, executed by Linda Fleming who acquired title as Linda Bergen, an unmarried woman, to Dennis Fleming, (surviving tenant) and Linda Fleming, husband and wife as joint tenants, and recorded on September 8, 2005, in Book 0905, at Page 2454, Document No. 0654521 of Official Records of Douglas County, State of Nevada, covering the following described real property in Gardnerville, in said County, State of Nevada:

Parcel 1, as shown on that certain Parcel Map for ED ROZNOWSKI, filed for record August 10, 1977, in Book 887, Page 550, Document No. 11821, Official Records of Douglas County, Nevada.

A.P.N. 1022-18-001-035

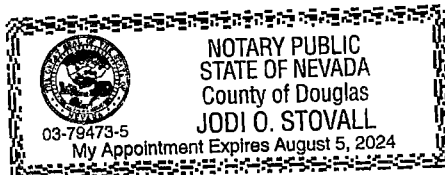
Dated: 5-2-23

Dennis R. Fleming
Dennis Fleming

State of Nevada)
) ss.
County of Douglas)

Subscribed and sworn to (or affirmed) before me on this 2 day of MAY, 2023, by Dennis Fleming, proved to me on the basis of satisfactory evidence to be the person(s) who appear before me.

Jodi O. Stovall
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 3921897

CERTIFICATE OF DEATH

2016019953
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST MIDDLE LAST SUFF.) Linda Kathleen FLEMING		2 DATE OF DEATH (Mo/Day/Year) October 20, 2016		3a COUNTY OF DEATH Washoe	
	3b CITY TOWN OR LOCATION OF DEATH Reno		3c HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street address) Renown Regional Medical Center		3e If Hosp. or Inst. indicate DOA OP/Emer Rm Inpatient (Specify) Inpatient	
DECEDENT	5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE - Last birthday (Years) 68	
	7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS		8 DATE OF BIRTH (Mo/Day/Yr) September 04, 1948	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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) Dennis FLEMING			
PARENTS	13 SOCIAL SECURITY NUMBER 4015		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Manager		14b KIND OF BUSINESS OR INDUSTRY Telephone Company	
	15a RESIDENCE - STATE Nevada		15c COUNTY Douglas		15d STREET AND NUMBER 3253 Reese Lane	
DISPOSITION	16 FATHER/PARENT - NAME (First Middle Last Suffix) Phillip MORRIS		17 MOTHER/PARENT - NAME (First Middle Last Suffix) Helcn WALEY			
	16a INFORMANT - NAME (Type or Print) Dennis FLEMING		16b MAILING ADDRESS (Street or R.F.D. No. City or Town State Zip) 3253 Reese Lane Gardnerville, Nevada 89410			
TRADE CALL	19a BURIAL CREMATION REMOVAL OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME La Paloma Reno		19c LOCATION City or Town State Reno Nevada	
	20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DUSTIN OLSON SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER 7/9		20c NAME AND ADDRESS OF FACILITY Simple Cremation Sparks 1016 N Rock Blvd Ste 107 Sparks NV 89431	
CERTIFIER	21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) TAE S MORGAN M.D. 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) November 05, 2016		21c HOUR OF DEATH 16:01		22b DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Haven M Ritchie M.D.		22c HOUR OF DEATH		22d PRONOUNCED DEAD (Mo/Day/Yr)	
	23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Tae S Morgan M.D. 1155 Mill St Reno, NV 89502		23b LICENSE NUMBER 11070		24c DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	24a REGISTRAR (Signature) SANDI BRIDGES SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 07, 2016		24c DEATH DUE TO COMMUNICABLE DISEASE	
	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) (b) AND (c)) PART I (a) Gastrointestinal hemorrhage DUE TO OR AS A CONSEQUENCE OF (b) bleeding gastric varices DUE TO OR AS A CONSEQUENCE OF (c) portal hypertension (d) portal vein thrombosis		Interval between onset and death			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death, but not resulting in the underlying cause given in Part I pancreatic carcinoma		25 AUTOPSY (Specify Yes or No) No		27 WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
	28a ACCIDENT, HOV, UNDOT OR PENDING INVEST (Specify)		28b DATE OF INJURY (Mo/Day/Yr)		28c HOUR OF INJURY	
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		

STATE REGISTRAR

000 24 30 8 5

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

11/8/2016

DEPUTY REGISTRAR

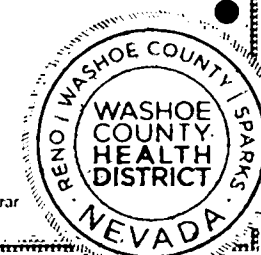
SIGNATURE AUTHENTICATED

DATE ISSUED
REV 10/15

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a



HOLD UP TO LIGHT TO VIEW WATERMARK