

APN# 1319-03-710-039



00167659202309961970030038

SHAWNYNE GARREN, RECORDER

Recording Requested by/Mail to:

Name: Renate McFarland

Address: P.O. Box 5

City/State/Zip: Genoa, NV 89411

Mail Tax Statements to:

Name: Renate McFarland

Address: P.O. Box 5

City/State/Zip: Genoa, NV 89411

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)

Renate McFarland

Signature

Renate McFarland

Printed Name

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

APN:

RECORDING REQUESTED BY:

Renate McFarland
P.O. Box 5
Genoa, NV 89411

AFTER RECORDATION, RETURN BY MAIL TO:

Renate McFarland
P.O. Box 5
Genoa, NV 89411

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss:
COUNTY OF DOUGLAS)

Renate McFarland, being 18 years or over, being first duly sworn, deposes and says:

The decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Larry J. McFarland named as one of the parties in that certain Grant, Bargain, Sale Deed dated June 30, 1999, executed by Steve Simon and Lucette Simon, husband and wife to Larry J. McFarland and Renate McFarland (surviving tenant), husband and wife as joint tenants, and recorded on June 30, 1999, in Book 0699, at Page 6421, Document No. 0471509 of Official Records of Douglas County, State of Nevada, covering the following described real property in Genoa, in said County, State of Nevada:

Lot 11, in Block B, of the Final Map of GENOA LAKES PHASE 1, a Planned Unit Development, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on March 16, 1993, in Book 393 of Official Records, at Page 3260, Document No. 302137.

A.P.N. 1319-03-710-039

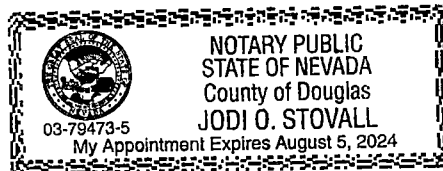
Dated: May 4, 2023

Renate McFarland
Renate McFarland

State of Nevada)
) ss.
County of Douglas)

Subscribed and sworn to (or affirmed) before me on this 4 day of MAY, 2023, by Renate McFarland, 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

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

CASE FILE NO. 4335845

CERTIFICATE OF DEATH

2023004598
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Larry Jack MCFARLAND		2. DATE OF DEATH (Mo/Day/Year) February 20, 2023		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Genoa		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or number) 2498 Genoa Aspen Drive		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 89		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Oklahoma		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) Renata HACKL			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-8733		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) MANAGER		14b. KIND OF BUSINESS OR INDUSTRY TELEPHONE COMPANY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Genoa	
DISPOSITION	15d. STREET AND NUMBER 2498 Genoa Aspen Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Homer MCFARLAND			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Frances MAY		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) Renata MCFARLAND		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2498 Genoa Aspen Drive Genoa, Nevada 89411			
	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	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BETHANY J RASMUSSEN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD969		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) NITA SCHWARTZ MD 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) March 06, 2023		21c. HOUR OF DEATH 14:20		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER 9114		24a. REGISTRAR (Signature) MARLI MORAIGNE REINHEIMER SIGNATURE AUTHENTICATED			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 06, 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) Alzheimers Dementia						
DUE TO, OR AS A CONSEQUENCE OF:						
(b) Unknown Etiology						
DUE TO, OR AS A CONSEQUENCE OF:						
(c)						
DUE TO, OR AS A CONSEQUENCE OF:						
(d)						
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.						
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (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.

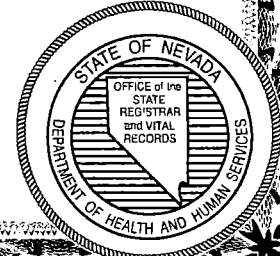
3/7/2023

DATE ISSUED:

Jan Shugh

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE