

DOUGLAS COUNTY, NV

2023-996367

Rec:\$40.00

\$40.00

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FIRST CENTENNIAL - RENO (MAIN OFFICE)

SHAWNYNE GARREN, RECORDER

APN: 1220-22-110-007
Escrow No. 23033681-RB

When Recorded Return to:

Nancy L. Leadbetter

849 Wyman Wy #3
San Jose, CA 95133

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF JOINT TENANT SPOUSE

Nancy L. Leadbetter, of legal age, being duly sworn, deposes and says

That Robert E. Leadbetter the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Robert Earl Leadbetter named as one of the parties in that certain Warranty Deed dated July 31, 2017 executed by Gratien Tillous to Robert E. Leadbetter and Nancy L. Leadbetter, husband and wife as community property with right of survivorship recorded as Instrument No. 2017-9025-11, on August 10, 2017 Official Records of Douglas County, Nevada, covering the following described property.

Lot 74, of Gardnerville Ranchos, Phase 5, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on November 4th, 1970, as Document No. 50056.

Assessors Parcel No.: 1220-22-110-007

Nancy L. Leadbetter
Nancy L. Leadbetter

Dated: May 8, 2023

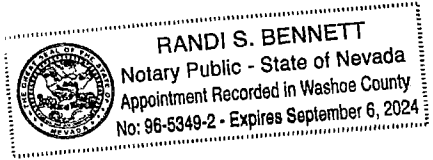
STATE OF NEVADA

COUNTY OF Washoe

This instrument was acknowledged before me on this 8th day of May, 2023, by

Nancy L. Leadbetter

Randi S. Bennett
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. 4086700

2019012027
STATE FILE NUMBER

CERTIFICATE OF DEATH

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) Robert Earl LEADBETTER		2. DATE OF DEATH (Mo/Day/Year) June 10, 2019		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 and Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP, Emer: Rm. Inpatient (Specify) Inpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 72		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 23, 1946		9a. STATE OF BIRTH (If not US/CA name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Nancy CARPENTER	
13. SOCIAL SECURITY NUMBER 0099		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of High School Teacher		14b. KIND OF BUSINESS OR INDUSTRY EDUCATION	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1426 James Rd.		15e. INSIDE CITY LIMITS (Specify Yes or No) No		15f. Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Harold LEADBETTER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Marie LANNOM		
18a. INFORMANT - NAME (Type or Print) Nancy L LEADBETTER		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1426 James Rd. Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) HARRISON CODY BILLIAN		20b. FUNERAL DIRECTOR LICENSE NUMBER FD936		20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #63 Carson City NV 89706	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) STEPHEN T HEWITT DO					
21b. DATE SIGNED (Mo/Day/Yr) June 20, 2019		21c. HOUR OF DEATH 19:11		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		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) Stephen T Hewitt DO 1600 Medical Pkwy Carson City, NV 89703				23b. LICENSE NUMBER DO1107	
24a. REGISTRAR (Signature) ANGELICA RAMIREZ		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 20, 2019		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) Cardiopulmonary Arrest				Interval between onset and death Mins	
DUE TO, OR AS A CONSEQUENCE OF (b) Sepsis				Interval between onset and death Days	
DUE TO, OR AS A CONSEQUENCE OF (c) Pneumonia				Interval between onset and death Days	
DUE TO, OR AS A CONSEQUENCE OF (d) Unknown Etiology				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I				26. AUTOPSY (Specify Yes or No) Yes	
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	

STATE REGISTRAR

000799290



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:

DEC 31 2019

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

Janey Shughart
STATE REGISTRAR
Administrator

VRS-Rev-20120523a

