DOUGLAS COUNTY, NV

2023-998243

Rec:\$40.00 Total:\$40.00

07/05/2023 10:31 AM

LAW OFFICES OF DAVID T HORNSBY

Pqs=2

RECORDING REQUESTED BY DAVID T. HORNSBY, ESQ. AND WHEN RECORDED MAIL TO:

SHAWNYNE GARREN, RECORDER

DAVID T. HORNSBY, ESO. 800 South Broadway, Ste 301 WALNUT CREEK, CA. 94596

-SPACE ABOVE THIS LINE FOR RECORDERS USE---

AFFIDAVIT OF DEATH OF JOINT TENANTS

A.P.N. # 1220-21-710-030

NICOLE BARGER, of legal age, being first duly sworn, deposes and says that AARON WALLACE BARGER the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as AARON W. BARGER, named as one of the parties in that certain GRANT DEED, dated November 9, 2011, executed by AARON W BARGER and NICOLE BARGER, as trustees of the AARON W. BARGER and NICOLE BARGER LIVING TRUST, dated February 13, 2002 to NICOLE BARGER and AARON W. BARGER, wife and husband as JOINT TENANTS, recorded as DOC-792626 on November 15, 2011 of official records in the office of the county recorder of DOUGLAS County, State of NEVADA.

Lot 538, as shown on the map of Gardnerville Ranchos Unit No. 7, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974, as Document No. 72456.

Dated: JUNE (5, 2023)

NICOLE BARGER

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California County of Contra Costa

Subscribed and sworn to (or affirmed) before me on this 15, day of JUNE, 2023 by NICOLE BARGER, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature

DAVID T. HORNSBY tary Public - California Contra Costa County Commission # 2411032 Ay Comm. Expires Aug 14, 2026

MAIL TAX STATEMENTS TO: Nicole Barger, 924 Redwood Drive Danville, CA 94506

CERTIFICATION OF VITAL RECORD

COUNTY OF CONTRA COSTA

MARTINEZ, CALIFORNIA

3052023031629			CER'	CERTIFICATE OF DEATH				3202307000920	
	STATE FILE NUMBER 1. NAME OF DECEDENT- FIRST (Given)		USE BLACK RK CMLY / MC ERSURES WHITEOUTS OR ALTERATIONS 2. MEDDLE 3. LAST (Famby)					LOCAL REGISTRATION	NUMBER
DECEDENT'S PERSONAL DATA	AARON AKA, ALSO KNOWN AS - Include (ull AKA FIRST, MIDDLE, LAST)		WALLACE	. DATE OF BIRT		GER, III	IF UNDER ONE YEAR IF	UNDER 24 HOURS 6, SEX	
				- 0	05/05/194	13	79	donths Days H	Moutes M
	CA 4332		X YE	X YES NO UNK MA			ARRIED 02/0		2010
	13. EOUCATION - Highest L-restriction 14/15. WAS DECEDENT HISPANICAATWO(A/SPANSH? (if yes, signs on shortest on back) VES VES 17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED 18. If				see worksheet on back) 16. DECEDENT'S RACE – Up to 3 races may be la CAUCASIAN KIND OF BUSINESS OR WOUSTRY (e.g., grocery store, road construction, emp				__
	MEDICAL CONSULTA	NT		HEALTH C		is (e.g., grocery	store, roso construct	ion, employment agency, etc	60
USUAL RESIDENCE	20. DECEDENT'S RESIDENCE (Street and number, or location) 924 REDWOOD DRIVE								
	21 CITY DANVILLE	COV	NTY/PROVINCE ITRA COST/	,	23, ZIP CODE 94506		4, YEARS IN COUNT 41	CA	
INFOR-	26. INFORMANTS NAME, RELATIONSHIP 26. INFORMANTS NAME, RELATIONSHIP 27. INFORMANTS NAME, RELATIONSHIP 28. INFORMANTS NAME, RELATIONSHIP 29. INFORMANTS NAME, RELATIONSHIP 20. INFORMANTS N								state and 2ip)
SPOUSE/SRDP AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SRIDP"-FIRST NICOLE		29. MIDDLE 30. LAST (BIRTH NA GEISER			VAME)	/		
	31. NAME OF FATHER/PARENT-FIRST AARON		SE MIDDLE WALLACE		В	BARGER, II			34. BIRTH STATE
	1		36. MIDDLE PEARL		s	37. LAST (BIRTH NAME) SUMMA			33. BIRTH STATE MO
FUNERAL DIRECTOR/ LOCAL REGISTRAR	28. DISPOSITION DATE mm/dd/ccyy 02/15/2023 40. PLACE OF FINAL DISPOSITION RESIDENCE OF NICOLE BARGER 924 REDWOOD DRIVE, DANVILLE, CA 94506								
	41. TYPE OF DISPOSITION(S) CREMATE/RESIDENCE		42. SIGNATURE OF EMBALMER NOT EMBALMED					/	43. LICENSE NUMBER
	NEPTUNE SOCIETY OF NORTHERN FD13							50	47. DATE minVdd/ccyy 02/15/2023
유	A AND A CARE HOME I			1	102 IF HOSE	ERVOP		OTHER THAN HOSPITAL, S IOSPICE HOME/LTC	
PLACE OF DEATH	104. COUNTY 105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 521 FENWAY DRIVE						WALNUT	CREEK	
CAUSE OF DEATH	IMMEDIATE CAUSE (A) HODGK	tions that directly on without aboveling the	ons that directly caused death, DO NOT enter terminal events such without showing the sticlings, DO NOT ABBREVIATE.				100. DEATH REPORTED TO CORONER? VES NO		
	(Final disease or condition resulting in death) (B)							2023-0847 109. BIOPSY PERFORMED?	
	Sequentially, list conditions, if any, leading to cause (C)				<u> </u>	\		СП	YES X NO
	UNDERLYING CAUSE (disease or linkery that							YES X NO	
	initiated line events (4) resulting in death) LAST								YES NO
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 ADULT FAILURE TO THRIVE 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1127 (1/19x), fail type of operation and date)								
	NO	1			ate)	/		[DECEDENT PRECONUNT IN LAST YEAR? YES X NO UNK
PHYSICIAN'S CERTIFICATION		76.		HER WILL			E	A105008	02/15/2023
	01/19/2022 02/0	7/2023 32	215 SKYWA	COURT,	FREMO!	SS, ZIP 0006 NT, CA 9	PEDRAM ` 94539	TAHER, MD	
CORONER'S USE ONLY	119, I CERTIFY THAT IN MY OPINION DEATH OF MANNER OF DEATH Netural	COURRED AT THE HOUR, DATE, AN Accident Homicicle	Spirite Pen	ding n	could not be letermined	120. INJURED	AT WORK?	121. INJURY DATE r	am/dd/coyy 122, HOUR (24 Hours)
	123. PLACE OF INJURY (s.g., home, construction site, wooded area, etc.)								
	124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in Injury)								
ORONE	125, LOCATION OF INJUSTY (Street and number, or facetion, and city, and zip)								
ь	126. SIGNATURE OF CORONER / DEPUTY CORONER 127. DATE mm/dd/ccyy 128. TYPE NAME, TITLE OF CORON							R / DEPUTY CORONER	
STA	TE A B	C D	E		<u> </u>			FAX AUTH.#	CENSUS TRACT
REGIS	THAN		1	FORDING BLUME			MANKA MANGA (U) I		

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF CONTRA COSTA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Contra Costa County Department of Health Services.

02/23/2023 DATE ISSUED BM



Dr Tzineli MO

HEALTH OFFICER

CACONTRAD

