

A. P. No. 1320-32-115-006



SHAWNYNE GARREN, RECORDER

When recorded mail to:  
Eric Stephen Hart  
1611 Wildrose Drive  
Minden, NV 89423

**AFFIRMATION PURSUANT TO  
NRS 111.312(1)(2) AND 239B.030(4)**

*The undersigned, hereby affirm that this document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by the following: NRS 440.380.*

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA )  
COUNTY OF ELI WASHOE ) ss

I, ERIC STEPHEN HART, do hereby swear (or affirm) under penalty of perjury that the assertions of this Affidavit are true, to-wit:

- 1. That I am over the age of eighteen years and legally competent to make and execute this affidavit.
- 2. That JOYCE HART is the surviving joint tenant of ROBERT H. HART.

3. That ROBERT H. HART, also known as ROBERT HAROLD HART is now deceased, having died in Douglas County, State of Nevada, on July 24, 2022. Attached hereto is a certified copy of the Certificate of Death of ROBERT HAROLD HART, which has been duly filed with the Nevada State Department of Human Resources, Division of Health, Section of Vital Statistics, Reno, Nevada. That your affiant expressly incorporates said Certificate of Death in this affidavit.

4. That during the lifetime of ROBERT HAROLD HART, he and JOYCE HART were owners, as joint tenants with right of survivorship, under a Deed recorded April 10, 1987, Document No. 152956, Official Records, Douglas County, Nevada, of that certain real property situate in Douglas County, State of Nevada, more particularly described as follows:

Lot 1, Block B, as shown on the official map of WILDROSE NO. 3, UNIT NO. 1, recorded in the office of the County Recorder on October 22, 1971, in Book 1 of Maps as Document No. 55071.

5. That by reason of the demise of the ROBERT HAROLD HART, JOYCE HART is the sole owner under the Deed on the above-described property.

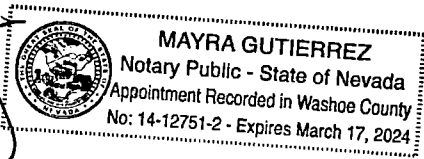
DATED: 08/02, 2023.

Eric Stephen Hart  
Eric Stephen Hart

STATE OF NEVADA                    )  
  ) ss  
COUNTY OF WASHOE                )

Signed and sworn to (or affirmed) before me on 08/02, 2023, by ERIC STEPHEN HART.

Mayra Gutierrez  
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. 4297271

**CERTIFICATE OF DEATH**

2022020448  
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)<br><b>Robert Harold HART</b>  |  | 2. DATE OF DEATH (Mo/Day/Year)<br><b>July 24, 2022</b>   |   | 3a. COUNTY OF DEATH<br><b>Douglas</b>  |  |
| 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Gardnerville</b>  |  | 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street ar number)<br><b>Evergreen Gardnerville Health &amp; Rehab Center</b>   |   | 3e. If Hosp or Inst indicate DOA,OP/Emer Rm. Inpatient(Specify)<br><b>Assisted Living Facility</b>                       |  |
| 4. SEX<br><b>Male</b>  |  | 5. RACE (Specify)<br><b>White</b>  |   | 6. Hispanic Origin? Specify No - Non-Hispanic  |  |
| 7a. AGE-Last birthday (Years)<br><b>85</b>   |  | 7b. UNDER 1 YEAR (MOS   DAYS)  |   | 7c. UNDER 1 DAY (HOURS   MINS)   |  |
| 8. DATE OF BIRTH (Mo/Day/Yr)<br><b>July 12, 1937</b>   |  | 9a. STATE OF BIRTH (If not US/CA, name country)<br><b>California</b>   |   | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>  |  |
| 10. EDUCATION<br><b>12</b>   |  | 11. MARITAL STATUS (Specify)<br><b>Married</b>   |   | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)<br><b>Joyce Ann LOVE</b>                                 |  |
| 13. SOCIAL SECURITY NUMBER<br><b>0931</b>  |  | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)  |   | 14b. KIND OF BUSINESS OR INDUSTRY<br><b>REAL ESTATE</b>  |  |
| 15a. RESIDENCE - STATE<br><b>Nevada</b>  |  | 15b. COUNTY<br><b>Douglas</b>  |   | 15c. CITY, TOWN OR LOCATION<br><b>Minden</b>   |  |
| 15d. STREET AND NUMBER<br><b>1611 Wildrose Drive</b>   |  | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br><b>No</b>   |   | Ever in US Armed Forces? <b>Yes</b>  |  |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>Robert Harold HART Jr</b>  |  |  | 17. MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Velma Irene MIDGETT</b>   |  |  |
| 18a. INFORMANT- NAME (Type or Print)<br><b>Eric HART</b>   |  | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)<br><b>1611 Wildrose Drive Minden, Nevada 89423</b>  |   |  |  |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Cremation</b>   |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>Truckee Meadows Crematory</b>  |   | 19c. LOCATION City or Town State<br><b>Sparks Nevada 89431</b>   |  |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>HARRISON CODY BILLIAN</b><br>SIGNATURE AUTHENTICATED  |  | 20b. FUNERAL DIRECTOR LICENSE NUMBER<br><b>FD943</b>   |   | 20c. NAME AND ADDRESS OF FACILITY<br><b>Nevada Funeral Services</b><br><b>3094 Research Way #63 Carson City NV 89706</b> |  |
| 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)<br><b>REKA P DANKO MD</b><br>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)<br><b>August 25, 2022</b>   |  | 21c. HOUR OF DEATH<br><b>18:47</b>   |   | 22b. DATE SIGNED (Mo/Day/Yr)   |  |
| 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)<br><b>Reka P Danko MD 1600 Medical Pkwy Carson City, NV 89703</b> |   |  |  |
| 23b. LICENSE NUMBER<br><b>13935</b>  |  | 24a. REGISTRAR (Signature)<br><b>SCOTT SHELDON SPANGLER</b><br>SIGNATURE AUTHENTICATED   |   |  |  |
| 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>August 26, 2022</b>  |  | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br>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) <b>Cardiopulmonary Arrest</b>  |  |  |   | Interval between onset and death   |  |
| (b) <b>Atherosclerotic Heart Disease</b>   |  |  |   | Interval between onset and death   |  |
| (c) <b>Unknown Etiology</b>  |  |  |   | Interval between onset and death   |  |
| (d) <b>Sacral Wound, Hypertension</b>  |  |  |   | 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.   |  |  |   | 26. AUTOPSY (Specify Yes or No)<br><b>No</b>   |  |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>Yes</b>   |  | 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  |  |



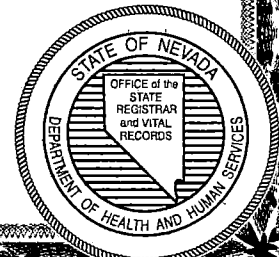
**CERTIFIED COPY OF VITAL RECORDS**

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.

DATE ISSUED: **9/1/2022**

*Scott Spangler*  
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