

APN# 1219-14-002-017



SHAWNYNE GARREN, RECORDER

Recording Requested by/Mail to:

Name: JACK HALL

Address: 450 ALEX CT.

City/State/Zip: GARDNERVILLE NV.
89460

Mail Tax Statements to:

Name: SAME

Address: _____

City/State/Zip: _____

AFFIDAVIT OF DEATH

Title of Document (required)

Please complete the Affirmation Statement below:

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) **Military Discharge** – NRS 419.020 (2)
 Other NRS _____ (state specific law)

-OR-

I the undersigned hereby affirm the attached document, including any exhibits, hereby submitted for recording does NOT contain the personal information of any person(s). (Per NRS 239B.030)

Jack S. Hall
Signature

JACK S. HALL
Printed Name

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

Affidavit of Death

STATE OF NEVADA
COUNTY OF DOUGLAS

I, JACK S. HALL residing at 450 ALEX CT., GARDNERVILLE, Nev.,
being of legal age, depose and say that:

That CHERYL, DARLENE,
HALL.

died on AUG. 20th 2008 as
evidence by a certified copy of that Certificate of Death, attached hereto;

That I am the successor to the estate of the descendant and to the descendants interest in funds held by various institutions and no other person has a superior right to the interest of the decedents in the described property;

That no proceeding is being or has been conducted in NEVADA for
administration of the descendant's estate.

Oath of Affirmation:

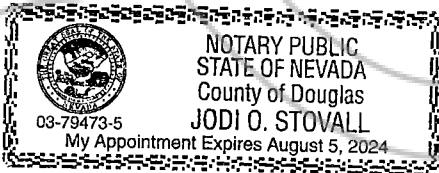
I certify under penalty of perjury under NEVADA law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

Signed and sworn to before me on
February 20, 2024 by

JACK S. HALL

JACK S. HALL
JACK S. HALL

STATE OF NEVADA, COUNTY OF DOUGLAS, ss:



Jodi O. Stovall
Notary Public

NOTARY
Title (and Rank)

My commission expires 8-5-24

TERMINATE JOINT TENANCY

EXHIBIT A

JOINT TENANCY DEED

ORDER NO.: 1160

THIS INDENTURE WITNESSETH: That STEPHEN RAY SIMON and LUCETTE C. SIMON, Husband and Wife, as Joint Tenants as to an undivided 1/2 interest and PAUL P. SIMON and MORENE L. SIMON, Husband and Wife, as Joint Tenants as to an undivided 1/2 interest

In consideration of \$ 20.00, the receipt of which is hereby acknowledged, do hereby Grant, Bargain, Sell and Convey to JACK HALL and CHERYL HALL, Husband and Wife

as joint tenants with right of survivorship, and not as tenants in common, and to the heirs and assigns of such Grantee forever, all that real property situated in the County of Douglas

State of Nevada, bounded and described as follows:

All those certain lots, pieces or parcels of land situate in the County of Douglas, State of Nevada, and being a portion of the Southwest Quarter of Section 14, Township 12 North, Range 19 East, M.D.B. & M., more particularly described as follows:

Parcel 1, Parcel 2 and Parcel 3, as set forth upon that Parcel Map for Stephen Ray and Lucette C. Simon recorded February 16, 1990 in Book 290 of Official Records of Douglas County, State of Nevada at Page 2149, as Document No. 220284.

APN 19-200-14

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

Witness _____ hand _____ this _____ day of _____, 19 _____

STATE OF NEVADA California

COUNTY OF _____ } SS

On _____ personally appeared before me, a Notary Public,

who acknowledged that _____ he _____ executed the above instrument

Notary Public

Signatures of Stephen Ray Simon, Lucette C. Simon, Paul P. Simon, and Morene L. Simon

WHEN RECORDED MAIL TO:

Mr. & Mrs. Jack Hall
839 Foothill Road
Gardnerville, NV 89410

FOR RECORDER'S USE

The grantor(s) declare (s):

Documentary transfer tax is \$ 165.00
[X] computed on the full value of property conveyed, or
() computed on full value less value of liens and encumbrances remaining at time of sale.

MAIL TAX STATEMENTS TO:

Same as above

227853

BOOK 690 PAGE 1297

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2008012848
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Cheryl Darlene HALL		2. DATE OF DEATH (Mo/Day/Year) August 20, 2008		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 450 Alex Court		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)	
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 53	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) January 19, 1955	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) Oklahoma		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 15	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Jack HALL		13. SOCIAL SECURITY NUMBER -9849	
PARENTS	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Owner		14b. KIND OF BUSINESS OR INDUSTRY Interior Designer		15. INSIDE CITY LIMITS (Specify Yes or No) Yes	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 450 Alex Court		16. FATHER - NAME (First Middle Last Suffix) Charles SMITH		17. MOTHER - NAME (First Middle Last Suffix) Gayle G PETERS	
	18a. INFORMANT- NAME (Type or Print) Jack HALL		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 450 Alex Court Gardnerville, Nevada 89460			
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
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) DAVID HOWARD JOHNSON 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) August 20, 2008		21c. HOUR OF DEATH 03:50		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) David Howard Johnson M.D. 1624 Library Lane Minden, NV 89423		23b. LICENSE NUMBER 4143		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 28, 2008		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) Metastatic Breast Cancer		Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQUENCE OF.		(b)		Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF.		(c)		Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF.		(d)		Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF.		PART II		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		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR

227595

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:

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
08/28/2008

STATE REGISTRAR
Christina Griffith
SIGNATURE AUTHENTICATED

VRS-Rev-2008T

