

A.P.N. 1420-34-710-039

Recording Requested By:  
When Recorded Return to:

Sharon Arno  
2737 East Valley Rd.  
Minden, NV 89423

Mail Tax Information to:

Same as above



00178387202410053200030038

SHAWNYNE GARREN, RECORDER

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**AFFIDAVIT OF DEATH OF JOINT TENANT**

Sharon Arno, of legal age, husband of decedent named below, first being duly sworn, deposes and says:


That James Arno, the decedent mentioned in the attached certified copy of Certificate of Death, who died on April 23, 2021, at Reno, Nevada, is the same person as James Arno, named as one of the parties in that certain Grant, Bargain and Sale Deed, executed by Lynn S. Janssen, a widow, to Sharon Arno and James Arno as joint tenants, recorded as Document #2836326 of Official Records of Douglas County, State of Nevada, covering the following described real property in the County of Douglas, State of Nevada.

**Lot 39, of SIERRA VIEW SUBDIVISION, according to the Map thereof, filed in the Office of the County Recorder of Douglas County, Nevada on April 18, 1960, in Book 2, Page 105, as Document No. 15897.**

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS,

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Dated: 2-29-24, 2024

  
SHARON ARNO



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**WASHOE COUNTY HEALTH DISTRICT**  
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4209817

**CERTIFICATE OF DEATH**

**2021010141**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

Cremation

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>James Francis ARNO</b>  |  | 2. DATE OF DEATH (Mo/Day/Year)<br><b>April 23, 2021</b>   |   | 3a. COUNTY OF DEATH<br><b>Washoe</b>   |  |
| 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Reno</b>  |  | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number)<br><b>Renown Regional Medical Center</b>   |   | 3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)<br><b>Inpatient</b>   |  |
| 4. SEX<br><b>Male</b>  |  | 5. RACE (Specify)<br><b>White</b>   |   | 6. Hispanic Origin? Specify<br><b>No - Non-Hispanic</b>  |  |
| 7a. AGE-Last birthday (Years)<br><b>78</b>   |  | 7b. UNDER 1 YEAR<br><b>MOS DAYS</b>   |   | 7c. UNDER 1 DAY<br><b>HOURS MINS</b>   |  |
| 8. DATE OF BIRTH (Mo/Day/Yr)<br><b>September 08, 1942</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>13</b>   |  | 11. MARITAL STATUS (Specify)<br><b>Married</b>  |   | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)<br><b>Sharon Dawn BAKER</b>  |  |
| 13. SOCIAL SECURITY NUMBER<br><b>-1081</b>   |  | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)<br><b>CONSTRUCTION WORKER</b>   |   | 14b. KIND OF BUSINESS OR INDUSTRY<br><b>CONSTRUCTION</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>2737 East Valley Road</b>   |  | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br><b>Yes</b>   |   | Ever in US Armed Forces? <b>No</b>   |  |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>Allan G ARNO</b>   |  |   | 17. MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Elizabeth Mable THOMAS</b>  |  |  |
| 18a. INFORMANT - NAME (Type or Print)<br><b>Sharon Dawn ARNO</b>   |  | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)<br><b>2737 East Valley Road Minden, Nevada 89423</b>   |   |  |  |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Cremation</b>   |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>Sierra Crematory</b>  |   | 19c. LOCATION City or Town State<br><b>Reno Nevada 89503</b>   |  |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>MICHAEL C FICKE</b><br>SIGNATURE AUTHENTICATED  |  | 20b. FUNERAL DIRECTOR LICENSE NUMBER<br><b>FD928</b>  |   | 20c. NAME AND ADDRESS OF FACILITY<br><b>Cremation Society of Nevada - Northern Nevada</b><br><b>8056 S. Virginia St., #3 Reno NV 89511</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>SIGNATURE AUTHENTICATED</b><br><b>DARIN OLDE APRN</b> |  |   | 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>April 26, 2021</b>  |  | 21c. HOUR OF DEATH<br><b>05:15</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>Darin Olde APRN 1155 Mill St Reno, NV 89502</b> |   |  |  |
| 23b. LICENSE NUMBER<br><b>APRN001306</b>   |  | 24a. REGISTRAR (Signature)<br><b>KATHERINE J SULLIVAN</b><br>SIGNATURE AUTHENTICATED  |   | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>April 27, 2021</b>   |  |
| 24c. DEATH DUE TO COMMUNICABLE DISEASE<br><b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>   |  | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))   |   |  |  |
| PART I   |  | (a) <b>Acute Stroke</b>   |   |  |  |
|  |  | DUE TO, OR AS A CONSEQUENCE OF:   |   |  |  |
|  |  | (b) <b>Essential Hypertension</b>   |   |  |  |
|  |  | DUE TO, OR AS A CONSEQUENCE OF:   |   |  |  |
|  |  | (c) <b>Unknown Etiology</b>   |   |  |  |
|  |  | 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)<br><b>No</b>   |  |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>No</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  |  |

000417542 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.

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:

4/28/2021

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

