

A.P.N. 21-260-29

~~1420-34-110-039~~ 1420-35-201-003  
Recording Requested By:  
When Recorded Return to:

Sharon Arno  
2737 East Valley Rd.  
Minden, NV 89423

Mail Tax Information to:

Same as above

DOUGLAS COUNTY, NV

Rec:\$40.00

Total:\$40.00

SHARON ARNO

2024-1006070

03/27/2024 12:42 PM

Pgs=3



SHAWNYNE GARREN, RECORDER

**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 F. Arno, named as one of the parties in that certain Grant, Bargain and Sale Deed, executed by Kathleen Lehmkuhl, Trustee of the Kathleen Lehmkuhl Revocable Trust Dated September 30, 1997, to James F. Arno and Sharon D. Arno, husband and wife as joint tenants, recorded as Document #0442626 of Official Records of Douglas County, State of Nevada, covering the following described real property in the County of Douglas, State of Nevada.

All that certain lot, piece or parcel of land situate in the Southwest ¼ of the Northwest ¼ of Section 35, Township 14 North, Range 20 East, M.D.B.&M., Douglas County, Nevada more particularly described as follows:

Parcel No. 3 as set forth on that Certain Parcel Map filed for record in the office of the County Recorder of Douglas County, State of Nevada on July 17, 1975 as Document No. 81681

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: 3-26-24, 2024

SHARON ARNO

**ACKNOWLEDGMENT**

STATE OF NEVADA

}

} ss.

CARSON CITY

}

On March 26, 2024, before me, Heather Cooney, a notary public, personally appeared SHARON ARNO, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it. I declare under penalty of perjury that the person whose name is ascribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.

*Heather T. Cooney*  
(Signature of Notary Public)



SEAL

**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) <b>James Francis ARNO</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 23, 2021</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>Renown Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>78</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>September 08, 1942</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>			
9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>13</b>		11. MARITAL STATUS (Specify) <b>Married</b>	
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Sharon Dawn BAKER</b>					
13. SOCIAL SECURITY NUMBER <b>██████████-1081</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>CONSTRUCTION OWNER</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>CONSTRUCTION</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>2737 East Valley Road</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Allan G ARNO</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Elizabeth Mable THOMAS</b>		
18a. INFORMANT- NAME (Type or Print) <b>Sharon Dawn ARNO</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2737 East Valley Road Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sierra Crematory</b>		19c. LOCATION City or Town State <b>Reno Nevada 89503</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>MICHAEL C FICKE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD928</b>		20c. NAME AND ADDRESS OF FACILITY <b>Cremation Society of Nevada - Northern Nevada 8056 S. Virginia St., #3 Reno NV 89511</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>SIGNATURE AUTHENTICATED DARIN OLDE APRN</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>April 26, 2021</b>		21c. HOUR OF DEATH <b>05:15</b>		22a. PRONOUNCED DEAD AT (Hour)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <b>Darin Olde APRN 1155 Mill St Reno, NV 89502</b>				23b. LICENSE NUMBER <b>APRN001306</b>	
24a. REGISTRAR (Signature) <b>KATHERINE J SULLIVAN</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 27, 2021</b>		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) <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)				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) <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		28h. 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