

APN: 1420-29-810-013

WHEN RECORDED MAIL TO:

Roseanne Marie Howard
1158 Agua Caliente Court
Minden, Nevada 89423

MAIL TAX NOTICES TO:

Roseanne Marie Howard
1158 Agua Caliente Court
Minden, Nevada 89423



SHAWNYNE GARREN, RECORDER

AFFIDAVIT OF DEATH

I, ROSEANNE MARIE HOWARD, being first duly sworn, deposes and says:

That TED JAY HOWARD, the decedent mentioned in the attached certified copy of the Certificate of Death is the same person as TED JAY HOWARD, named as one of the parties in that certain deed dated February 25, 2015, and executed by Ted Jay Howard and Roseanne Marie Howard, husband and wife as joint tenants with right of survivorship, recorded on February 27, 2015, as Document No. 2015-857545, of the Official Records of Douglas County, Nevada, covering the real property commonly known as 1158 Agua Caliente Court, Minden, Nevada, and as described as follows:

Lot 45, in Block A, as set forth on FINAL MAP OF SRATOGA SPRINGS ESTATE UNIT NO. 1, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 5, 1990, in Book 690, Page 525, as Document No. 227472.

TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Pursuant to NRS 111.312, this legal description was previously recorded on **February 27, 2015 as Document No. 2015-857545.**

Pursuant to NRS 440.380, the attached certified Death Certificate contains the social security of the Decedent.

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

DATED this 6/12/24.

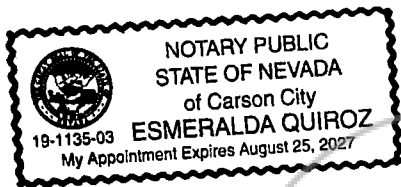
Roseanne Marie Howard
ROSEANNE MARIE HOWARD

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on the 12th day of June, 2024,

by ROSEANNE MARIE HOWARD.

Esmeralda Quiroz
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. 4367800

CERTIFICATE OF DEATH

2023019722
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

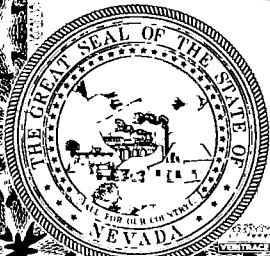
CERTIFIER

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) Ted Jay HOWARD		2. DATE OF DEATH (Mo/Day/Year) August 31, 2023		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 1158 Agua Caliente Ct		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 76		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) February 25, 1947		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Roseanne Marie MAGANA	
13. SOCIAL SECURITY NUMBER ██████████6231		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY HOSPITALITY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1158 Agua Caliente Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Maro Lee HOWARD			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Elaine June DRANKOW		
18a. INFORMANT - NAME (Type or Print) Roseanne Marie HOWARD		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1158 Agua Caliente Ct Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BETHANY J RASMUSSEN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD969		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
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) NEWTON GARCIA YCO DO 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) September 08, 2023		21c. HOUR OF DEATH 05:47		22b. DATE SIGNED (Mo/Day/Yr)	
21d. 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) Newton Garcia Yco DO 255 W. Peckham Lane Reno, NV 89509				23b. LICENSE NUMBER DO976	
24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 08, 2023		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).)				Interval between onset and death	
PART I (a) Prostate Cancer				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Unknown Etiology				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(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) No	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) NATURAL		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

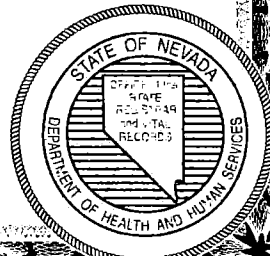
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

Cody D. Storey

DATE ISSUED: **9/11/2023**

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