

Assessor's Parcel Number: 1220-16-510-084

Recording Requested By:
Nancy Rey Jackson, Ltd.
1133 Lost River Lane
Gardnerville, NV 89460



SHAWNYNE GARREN, RECORDER

When Recorded Mail to:
AND
Mail Tax Statements to:
David P. Janove
PO Box 416
Gardnerville, NV 89410

DPJ I the undersigned hereby affirm that this document submitted for recording, including any exhibits, does contain the personal information of a person or persons as required by law: NRS 440.380(1)(a) & NRS 40.525(5)

AFFIDAVIT - DEATH OF JOINT TENANT

David P. Janove, of legal age, being duly sworn, deposes and says:

1. That Beverly Leonor FRICKE, the decedent mentioned in the attached certified copy of Certificate of Death, was, until her death, and is the same person as Bev L. Fricke, named as one of the parties in that certain Grant, Bargain and Sale Deed by and between Bev L. Fricke, an unmarried woman and David P. Janove, an unmarried man as joint tenants, recorded on 03/31/2009, in Book 309, at Page 8003, as Document Number 740587 of Official Records of Douglas County, State of Nevada, concerning the real property located at 1339 Marlette Circle, Gardnerville, Douglas County, Nevada, bounded and specifically described in said Deed as:

LOT 353, AS SAID LOT IS SHOWN ON THE OFFICIAL MAP OF GARDNERVILLE RANCHOS UNIT NO 2. FILED IN THE OFFICE OF THE RECORDER OF DOUGLAS COUNTY, NEVADA ON JUNE 1, 1965, IN BOOK 1 OF MAPS, FILING NO. 28309, AND AMENDED TITLE SHEET ON JUNE 4, 1965, FILING NO. 28377.

2. That this affidavit is executed and recorded for the purposes of terminating the interest of BEV L. FRICKE in and to the real property described herein.

Dated this 8th day of July, 2024.

DAVID P. JANOVE

STATE OF NEVADA
COUNTY OF WASHOE }

This instrument was acknowledged before me on July 8, 2024, by David P. Janove.

Carrie M. Johnson, Notary Public
(My Commission expires 8/25/2024)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4402051

CERTIFICATE OF DEATH

2024005159
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) Beverly Leonor FRICKE		2. DATE OF DEATH (Mo/Day/Year) March 10, 2024		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street number) Skyline Estates		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Residential Care Facility/group Home Residential Care Facility/group Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 80		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 19, 1943		9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY UNITED STATES	
10. EDUCATION 16		11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER ██████████-4682		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Monitoring Devices	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1339 Mariette Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Ed SCRIVENS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Martha Jane BAIRD		
18a. INFORMANT- NAME (Type or Print) David P JANOVE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) Po Box 416 Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Mottsville Cemetery		19c. LOCATION City or Town State Gardnerville Nevada 89460	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) NADIA NINA SANDOVAL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD1007		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funerals & Cremations 1600 Buckeye Rd Minden NV 89423	
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) NITA SCHWARTZ MD 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) March 11, 2024		21c. HOUR OF DEATH 21:50		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) Nita Schwartz MD 710 W Washington Street Carson City, NV 89703				23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 11, 2024		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				Interval between onset and death	
(a) Alzheimers Disease With Late Onset				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				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	



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: **3/12/2024**

Cody Phinney
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

