

APN# 1320-29-111-051



SHAWNYNE GARREN, RECORDER

Recording Requested by/Mail to:

Name: Chester Downing

Address: 1116 Cedar Crest Dr.

City/State/Zip: Minden, NV 89423

Mail Tax Statements to:

Name: Chester Downing

Address: 1116 Cedar Crest Dr.

City/State/Zip: Minden, NV 89423

Affidavit - Death of Joint Tenant

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),

Signature

Chester Downing

Printed Name

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

APN: 1320-29-111-051

RECORDING REQUESTED BY:

Chester Downing
1116 Cedar Crest Dr.
Minden, NV 89423

AFTER RECORDATION, RETURN BY MAIL TO:

Chester Downing
1116 Cedar Crest Dr.
Minden, NV 89423

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss:
COUNTY OF DOUGLAS)

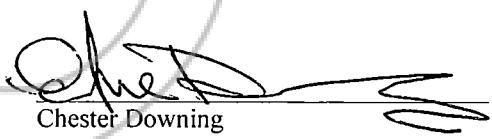
Chester Downing, being 18 years or over, being first duly sworn, deposes and says:

The decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Naomi Downing named as one of the parties in that certain Grant, Bargain and Sale Deed dated August 8, 2022, executed by Patricia Dianne Clark, a single woman to Naomi Downing and Chester Downing (surviving tenant), as joint tenants with right of survivorship, and recorded on August 8, 2022, as Document No. 2022-988235 of Official Records of Douglas County, State of Nevada, covering the following described real property in Minden, in said County, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PERT HEREOF.


A.P.N. 1320-29-111-051

Dated: 7-19-24


Chester Downing

State of Nevada)
) ss.
County of Douglas)

Subscribed and sworn to (or affirmed) before me on this 19th day of July, 2024, by Chester Downing, proved to me on the basis of satisfactory evidence to be the person(s) who appear before me.


Notary Public

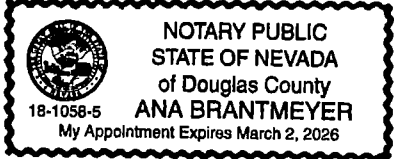


EXHIBIT "A"

PARCEL 1:

UNIT 348, AS SHOWN ON THE FINAL MAP #1008-7A FOR WINHAVEN, UNIT NO. 7, PHASE A, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON NOVEMBER 17, 1995, IN BOOK 1195 OF OFFICIAL RECORDS AT PAGE 2675, AS DOCUMENT NO. 374950.

PARCEL 2:

A NON-EXCLUSIVE EASEMENT FOR USE, ENJOYMENT, INGRESS AND EGRESS OVER THE COMMON AREA AS SET FORTH IN DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS RECORDED SEPTEMBER 28, 1990, IN BOOK 990, PAGE 4348, AS DOCUMENT NO. 235644, OFFICIAL RECORDS.

PER NRS 111.312, THIS LEGAL DESCRIPTION WAS PREVIOUSLY RECORDED AT DOCUMENT NO. 2022-988235, on 08/08/2022.

APN: 1320-29-111-051

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4421006

CERTIFICATE OF DEATH

2024014679
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

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) Naomi DOWNING		2. DATE OF DEATH (Mo/Day/Year) June 26, 2024		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or number) 1116 Cedar Crest Drive		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 81	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		8. DATE OF BIRTH (Mo/Day/Yr) February 26, 1943	
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) Chester Ray DOWNING			
13. SOCIAL SECURITY NUMBER ██████████-3891		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Business Owner		14b. KIND OF BUSINESS OR INDUSTRY Pet Grooming	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1116 Cedar Crest Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Felix Max FRÜH			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Rachel Rose COOPER		
18a. INFORMANT- NAME (Type or Print) Chester Ray DOWNING		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1116 Cedar Crest Drive Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) ROBYN DONAVON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD1004		20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #63 Carson City NV 89706	
21. 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) MARY-LIBERTY Y GIBBS 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) July 03, 2024		21c. HOUR OF DEATH 14:37		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) Mary-Liberty Y Gibbs DO 7842 W Sahara Ave Las Vegas, NV 89117				23b. LICENSE NUMBER DO2536	
24a. REGISTRAR (Signature) ANNAH M HOWARD SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 03, 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) Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Unknown Etiology 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 1. Pulmonary Hypertension				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

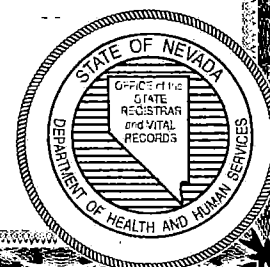
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

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

7/5/2024

Anna M Howard
REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE