APN# 1420-29-810-013 Recording Requested by/Mail to: SHAWNYNE GARREN, RECORDER Name: Roseame Man'e Howard City/State/Zip: Minden, N **Mail Tax Statements to:** Name: Roseanne Manie Howard City/State/Zip: Minden, NIV 89423 Affidavit of Dear **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) This document is being (re-)recorded to correct document #2024-1019308, and is correcting the Legal description. Attached as Exhibit 1 is the

DOUGLAS COUNTY, NV

HANDY LEGAL SERVICES PC

Rec:\$40.00

Total:\$40.00

2024-1010461

Pas=5

07/29/2024 02:21 PM

DOUGLAS COUNTY, NV

Rec:\$40.00 Total:\$40.00 2024-1009308 06/21/2024 02:12 PM

HANDEY LEGAL SERVICES

Pqs=3

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.

F = 4 4

I declare under penalty of perjury	that the foregoing is true and correct.
DATED this 6/12/24.	Roxanu Marie Droad ROSEANNE MARIE HOWARD
STATE OF NEVADA )	~ \ \
: ss.	
COUNTY OF DOUGLAS )	
This instrument was acknowledged befo	ore me on the Aday of Whe 2024,
by ROSEANNE MARIE HOWARD.	
NOTARY PUBLIC STATE OF NEVADA of Carson City 19-1135-03 ESMERALDA QUIROZ My Appointment Expires August 25, 2027	NOTARY PUBLIC





CASE FIL	CASE FILE NO. 4367800		CERTIFICATE OF DEATH			2023019722 STATE FILE NUMBER		
PRINTIN	1a. DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX)				2. DATE OF DEATH (Mo/Day/	Year) 3a. COUNTY OF DEATH		
PERMANENT	Ted	•	HOWARD		August 31, 2023	Douglas		
	3b. CITY, TOWN, OR LOCATION	OF DEATH 3c. HOSPI		•	street an 3e.if Hosp, or Inst. in Inpatient(Specify)	dicate DOA,OP/Emer. Rm. 4. SEX		
DECEDENT	Minden 5. RACE (Specify)		1158 Agua Calie B. Hispanic Origin? Specify		1 1 1 2	Home Male  R 1 DAY 8. DATE OF BIRTH (Mo/Day/Yr)		
	White		No - Non-Hispanic	(Years) 76	MOS DAYS HOURS	February 25, 1947		
IF DEATH OCCURRED IN INSTITUTION SEE	9a. STATE OF BIRTH (If not US/ name country) California	CA, 96. CITIZEN OF United	WHAT COUNTRY 10.EDUCATION 12	ON 11. MARITAL STATE Marrie	IS (Specify) 12. SURVIVING SP ROS	OUSE'S NAME (Lest name prior to first marriage) SEANNE MARIE MAGANA		
HANDROOK	13. SOCIAL SECURITY NUMBER		CUPATION (Give Kind of Work D	one During Most of	14b. KIND OF BUSINESS (	OR INDUSTRY Ever in US Armed		
REGARDING COMPLETION OF RESIDENCE	6231	ł	ENGINEERING MANA	AGER	HOSPITA	ALITY Forces? Yes		
ITEMS	15a. RESIDENCE - STATE	I5b. COUNTY	15c, CITY, TOWN OR LO	CATION 15d. STI	REET AND NUMBER	15e. INSIDE CITY LIMITS (Specify Yes		
ــــا	Nevada	Douglas	Minden	1158	Agua Caliente Ct	or No) NO		
PARENTS	16, FATHER/PARENT - NAME (		T	17. MOTHER/F	PARENT - NAME (First Middle	The state of the s		
IANLITIO		Maro Lee HOWA			4	DRANKOW		
	18a. INFORMANT- NAME (Type or Print)  18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)							
		arie HOWARD	NAME OF THE PARTY		a Caliente Ct Minden, N			
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATO Walton's			ory - NAME s Sierra Cremato		OCATION City or Town State Carson City Nevada 89706		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)  20b. FUNERAL DIRECTOF 20c. NAME AND ADDRESS OF FACILITY  LICENSE NUMBER  Autumn Funerals & Cremations							
		URE AUTHENTICAT				Carson City NV 89701		
TRADE CALL	TRADE CALL - NAME AND ADD		ED (	<del>/ / /</del>	<del>//                                     </del>	0270011 0117 1111 00107		
MONDE ONLE	21a. To the best of my knowledge, death occurred at the time, date and place and due 22a. On the basis of examination and/or investigation, in my opinion death occurred							
CERTIFIER	21b. DATE SIGNED (Mo/	Day/Yr) 21c.	HOUR OF DEATH 05:47	≘ ∞ 22b. DAT	E SIGNED (Mo/Day/Yr)	22c. HOUR OF DEATH		
	September 08, 21d. NAME OF ATTEND	NG PHYSICIÁN IF OTH	786	22d. PRO	DNOUNCED 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							
REGISTRAR	24a. REGISTRAR (Signature)		T STOREY	24b. DATE RECEIVI		DEATH DUE TO COMMUNICABLE DISEASE		
REGISTRAK			JTHENTICATED	(Mo/Day/Yr) Sep	tember 08, 2023	YES NO X		
CAUSE OF DEATH	25. IMMEDIATE CAUSE PART I (a) Prostate		CAUSE PER LINE FOR (a), (b), Al	ND (c).)		Interval between onset and death		
	DUE TO, OR A	S A CONSEQUENCE O	F:			Interval between onset and death		
CONDITIONS IF	(b) Unknown	- N						
GAVE RISE TO IMMEDIATE CAUSE		S A CONSEQUENCE C	F: 	///		interval between onset and death		
STATING THE > UNDERLYING CAUSE LAST	DUE TO, OR A	S A CONSEQUENCE Q	F:	/ /		Interval between onset and death		
_/_/	(d)					i		
/ /	(d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  26. AUTOPSY (Specific 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No (Specify Yes or No) No							
	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) NATURAL	286. DATE OF INJURY (M	ω/Day/Yr) 28c. HOUR OF INJU	JRY 28d, DESCRIBE	HOW INJURY OCCURRED	1 NO 1 NO		
/ /	28e. INJURY AT WORK (Specify Yes or No)	28f. PLACE OF INJUR puilding, etc. (Specify)	Y- At home, farm, street, factory,	office 28g. LOCATI	ON 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:

9/11/2023

STATE REGISTRAR

Codyd Phinney



# Exhibit "1"

Lot 45, in Block A, as set forth on FINAL MAP OF SARATOGA 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.

