

APN: 1320-29-110-045

When Recorded Mail to:

Neal C. Falk, Esq
1664 US Hwy 395 N, Suite 105
Minden NV 89423

Mail Tax Statements to:
Concha Perea Nimis
1782 Lantana Drive
Minden, NV 89423



00184429202410106040030036

SHAWNYNE GARREN, RECORDER

SPACE ABOVE RESERVED FOR RECORDER'S USE

Pursuant to NRS 239B.030, I, the undersigned, affirm that this document submitted for recording does contain the social security number of any person or persons.

AFFIDAVIT OF DEATH OF JOINT TENANT

State of California)
County of Los Angeles) : SS.

Comes now, Concha Perea Nimis, affiant herein, being of lawful age and sound mind and having been duly sworn upon her oath, states:

1. I am over 18 years of age, am of sound mind, and if called to testify would competently testify to the following:
2. The real property commonly known as 1782 Lantana Drive, Minden, NV 89423, was conveyed to Frederic Joseph Nimis Jr. and Concha Perea Nimis, husband and wife, as joint tenants with right of survivorship, and not as tenants in common, by that certain Joint Tenancy Deed recorded on January 27, 2023 as Document No. 2023-993471 of the Official Records in the Office of the County Recorder of Douglas County, in and for the State of Nevada, (the "Deed").

3. Frederic Joseph Nimis Jr. (Decedent) died on July 7, 2024. A certified copy of Decedent's death certificate is attached hereto and incorporated herein by reference.

4. At the time of the Decedent's death, she was the record owner, of certain real property which property is described in a Joint Tenancy Deed.

5. The real property commonly known as 1782 Lantana Drive, Minden, NV 89423, which is the subject of the Deed is located in the County of Douglas, State of Nevada, is more particularly described as follows:

Lot 426A, in Block C, as shown on that certain Record of Survey, filed for record in the Office of the County Recorder of Douglas County, State of Nevada on June 17, 1998, in Book 698, as Page 3978 as Document No. 442226, Official Records being a Boundary Line Adjustment of the Final Map No. 1008-8 for WINHAVEN Unit No. 8, A PLANNED UNIT DEVELOPMENT, according to the map thereof, filed in the office of the County Reorder of Douglas Couty, State of Nevada, on September 11, 1997, in Book 997 at Page 2125, as Document No. 421412, of Official Records.

***SUBJECT TO:**

1. Taxes for the fiscal year;
2. Reservations, restrictions, conditions, rights, rights of way and easements, if any of record on said premises.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions remainders, rents, issues or profits thereof.

Pursuant to NRS §111.312, this legal description was previously recorded on January 27, 2023, as Document No. 2023-993471 in the Official Records of Douglas County.

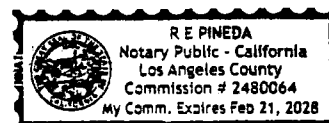
DATED this 29 day of July 2024.


Concha Perea Nimis

SUBSCRIBED and SWORN to before me
This 29 day of July, 2024.



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. 4422821

CERTIFICATE OF DEATH

2024015184
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) Frederic Joseph NIMIS JR		2. DATE OF DEATH (Mo/Day/Year) July 07, 2024		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) The Chateau		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Assisted Living Facility	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 81		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 10, 1942		9a. STATE OF BIRTH (If not US/CA, name country) Wisconsin		9b. CITIZEN OF WHAT COUNTRY UNITED STATES	
10. EDUCATION 18		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Concha PEREA	
13. SOCIAL SECURITY NUMBER ██████-5308		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) School Teacher		14b. KIND OF BUSINESS OR INDUSTRY Education	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1782 Lantana Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Frederic Joseph NIMIS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Thela Naomi HUBBARD		
18a. INFORMANT- NAME (Type or Print) Gregory Richard NIMIS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 11605 W Buck Mountain Court Surprise, Arizona 85378			
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) CARLEN THOMAS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Walton'S Funerals And Cremations 1521 Church Street Gardnerville NV 89410	
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) EITHNE-MARIE N BARTON 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 09, 2024		21c. HOUR OF DEATH 20:10		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) Eithne-Marie N Barton DO 580 W 5th St Reno, NV 89503				23b. LICENSE NUMBER DO1614	
24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 10, 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					
(a) Aortic Valve Stenosis Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Atherosclerotic Heart Disease Of Native Coronary Artery Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Interval between onset and death					
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. Atrial Fibrillation				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

Cody Shroy

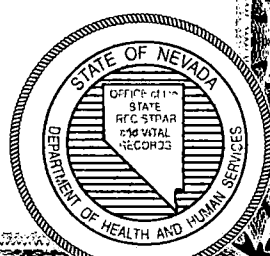
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

7/11/2024

DATE ISSUED:

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