

APN: 1320-33-310-037)
)
WHEN RECORDED MAIL TO AND)
TAX STATEMENTS TO)
Konrad Garret)
1301 Chichester Dr.)
Gardnerville, NV 89410)
)
)
)



SHAWNYNE GARREN, RECORDER

(SPACE ABOVE THIS LINE FOR RECORDER'S USE)

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada)
) ss.
County of Carson)

KONRAD GARRET, being duly sworn, deposes and says:

1. That she was the wife of ROBERT GARRET, the Decedent in the attached copy of the Certificate of Death;

2. That the Decedent is the same person as ROBERT GARRET, named as one of the parties in that certain Joint Tenancy, Grant, Bargain and Sale Deed dated September 13, 2004, and recorded on September 14, 2004, executed by ROBERT GARRET, a married man, and KONRAD GARRET, a married woman, as joint tenants, recorded as Document No.0624095, in the Official Records of Douglas County, Nevada, on September 14, 2004;

3. That she is the party named KONRAD GARRET in the Grant, Bargain and Sale Deed dated September 13, 2004, and recorded on September 14, 2004, as Document No. 0624095, in the Official Records of Douglas County, Nevada, on September 14, 2004;

4. The property subject to the above listed deed is commonly known as 1301 Chichester Drive, Gardnerville, County of Douglas, State of Nevada, and more particularly described as:

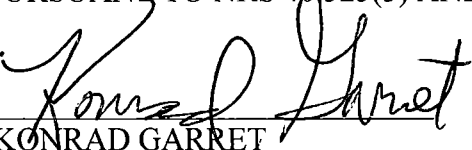
All that real property situated in Douglas County, State of Nevada, described as follows:

“Lot 43, BLOCK N, AS SET FORTH ON FINAL SUBDIVISION MAP FSM-1006 OF CHICHESTER ESTATES PHASE 1, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON SEPTEMBER 12, 1995, IN BOOK 995 AT PAGE 1407, AS DOCUMENT NO. 370215.

//

5. As recited in the attached Certificate of Death, ROBERT GARRET died on the 29th day of December 2023, in Carson City, County of Carson, and State of Nevada.

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS PURSUANT TO NRS 40.525(5) AND NRS 440.380(1)(a).



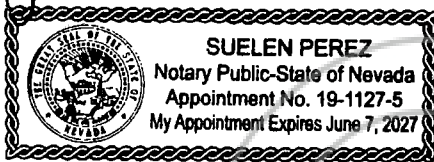
KONRAD GARRET

8/12/24
Date

SUBSCRIBED AND SWORN to on this 12th day of August, in the year 2024, before me, Suelen Perez, a Notary Public, by KONRAD GARRET.



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. 4389502

CERTIFICATE OF DEATH

2023029273
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) Robert GARRET		2. DATE OF DEATH (Mo/Day/Year) December 29, 2023		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 ar number) Carson Tahoe Regional Medical Center		3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Operating Room	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 79		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 11, 1944		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY UNITED STATES	
10. EDUCATION 17		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Konrad READY	
13. SOCIAL SECURITY NUMBER ██████████-6314		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY County Government	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1301 Chichester Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Edward G FUNK			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ernestine BARSOCCHINI		
18a. INFORMANT- NAME (Type or Print) Konrad GARRET		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1301 Chichester Drive Gardnerville, Nevada 89410			
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) JEFFREY M BAUGHN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD993		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) CRAIG RAU 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) January 09, 2024		21c. HOUR OF DEATH 19:42		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) Craig Rau MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 10991	
24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 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) Acute Cardiorespiratory Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Ventricular Tachycardia				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Acute St Elevation Myocardial Infarction				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Coronary Artery Disease				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. Hemoptysis; Unknown Etiology				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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	



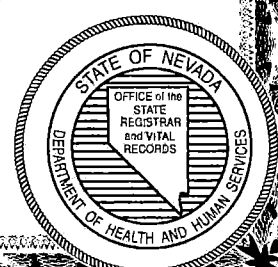
CERTIFIED COPY OF VITAL RECORDS

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.

Cody Storey
STATE REGISTRAR

DATE ISSUED: 1/10/2024

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE