

DOUGLAS COUNTY, NV

2024-1011017

Rec:\$40.00

\$40.00

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08/15/2024 01:51 PM

FNC TITLE SERVICES, LLC

SHAWNYNE GARREN, RECORDER

Recording Requested by and

When Recorded Mail to:

Gail T. Garrett

617 Victoria Court,

Gardnerville, NV 89460

ARS- 22636

THIS SPACE FOR RECORDERS USE ONLY

AFFIDAVIT OF DEATH OF JOINT TENANT

This document contains personal information

Grantor(s): Marvin D. Garrett (aka Marvin Dewayne Garrett)

Gail T. Garrett

Grantee(s): Gail T. Garrett

Property address: 617 Victoria Court, Gardnerville, NV 89460

APN: 1220-21-810-174

After Recording, Send to:
Allegiant Reverse Services
905 Highland Point Drive, Suite 150
Roseville, CA 95678

File No. ARS-99636
APN: 1220-21-810-174

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF Nevada
COUNTY OF Douglas

I, **Gail T. Garrett** ("Affiant"), whose mailing address is 617 Victoria Court, Gardnerville, NV 89460, being of legal age of consent and competent to make this Affidavit, and familiar with the past ownership and occupancy of the real property described below in this Affidavit, being duly sworn, depose and say as follows:

That **Marvin D. Garrett A/K/A Marvin Dewayne Garrett**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Marvin D. Garrett**, named as one of the parties in that certain deed dated June 12, 2003, executed by Robert S. Parks and Laura A. Parks to Marvin D. Garrett and Gail T. Garrett, husband and wife as joint tenants with right of survivorship, recorded at Instrument No. 0582235, Official Records Book 0703 Page 00296, on July 1, 2003, in the Office of the County

Recorder of Douglas County, State of Nevada, concerning the following described real estate described below:

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE CITY OF GARDNERVILLE, COUNTY OF DOUGLAS, STATE OF NEVADA, AND IS DESCRIBED AS FOLLOWS:

Lot 345, as shown on the map of GARDENVILLE RANCHOS UNIT NO. 7, filed for record in the office of the County Recorder of Douglas County, Nevada on March 27, 1974 as document no. 72456.

Affiant gives this Affidavit for the purpose of transferring the title to the foregoing property to Affiant on the records of the Recorder's Office in Douglas County, Nevada.

Affiant declares that the foregoing is true and correct.

Gail T. Garrett

Gail T. Garrett

STATE OF Nevada

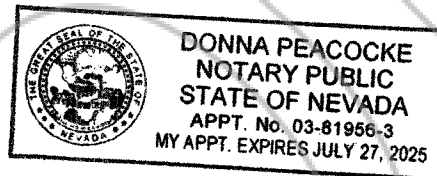
COUNTY OF Douglas

Subscribed and sworn to (or affirmed) before me on this 23 day of July, 2024, by **Gail T. Garrett**, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(seal)

Signature *Donna Peacocke*

FOR NOTARY STAMP



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4398555

CERTIFICATE OF DEATH

2024004208
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) Marvin Dewayne GARRETT		2. DATE OF DEATH (Mo/Day/Year) February 17, 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 and number) Gardnerville Health and Rehabilitation Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Care Center	
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		7c. UNDER 1 DAY DAYS	
7d. UNDER 1 YEAR HOURS		7e. UNDER 1 DAY MINS		8. DATE OF BIRTH (Mo/Day/Yr) February 01, 1943	
9a. STATE OF BIRTH (If not US/CA, name country) Washington		9b. CITIZEN OF WHAT COUNTRY UNITED STATES		10. EDUCATION 14	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Gail Theresa CERRI			
13. SOCIAL SECURITY NUMBER [REDACTED]-3409		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
Metal Worker		Air Station		Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 617 Victoria Ct.		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Cecil GARRETT			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Halley SCHMIDT		
18a. INFORMANT- NAME (Type or Print) Gail Theresa GARRETT		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 617 Victoria Ct. Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) NORMA M FINKES		20b. FUNERAL DIRECTOR LICENSE NUMBER FD967		20c. NAME AND ADDRESS OF FACILITY Fitzhenry'S Carson Valley Funeral Home 1637 Esmeralda Place Minden NV 89423	
20a. SIGNATURE AUTHENTICATED					
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) ALELI FAVILA ROJAS MD			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) February 23, 2024			22b. DATE SIGNED (Mo/Day/Yr)		
21c. HOUR OF DEATH 21:12			22c. HOUR OF DEATH		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		
21e. PRONOUNCED DEAD AT (Hour)			22e. PRONOUNCED DEAD AT (Hour)		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Aleli Favila Rojas MD 3050 Ormsby Blvd Carson City, NV 89703				23b. LICENSE NUMBER 12435	
24a. REGISTRAR (Signature) DARAN GRISSOM		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 28, 2024		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. SIGNATURE AUTHENTICATED					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) Acute Cardiopulmonary Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Failure To Thrive				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Acquired Factor Eight Deficiency				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Coronary Artery Disease, Congestive Heart Failure, Hypertension, Diabetes Mellitus				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.				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.

Daran Grissom

DATE ISSUED: **3/5/2024**

STATE REGISTRAR

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

