

APN# 1220-22-410-132



SHAWNYNE GARREN, RECORDER

Recording Requested by/Mail to:

Name: VIRGINIA PEPPERDENE

Address: 1468 MARY JO

City/State/Zip: GARDNERVILLE
NEV 89460

Mail Tax Statements to:

Name: SAME

Address: _____

City/State/Zip: _____

AFF OF DEATH

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)

Virginia Pepperdene
Signature

VIRGINIA PEPPERDENE
Printed Name

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

Affidavit of Death

STATE OF Nevada
COUNTY OF Douglas County

I, Virginia Pepperdene, residing at 1468 Mary Jo Dr, Gardnerville, Nevada 89460, being of legal age, depose and say that:

That Robert Pepperdene, 1468 Mary Jo Dr, Gardnerville, Nevada 89460 died on March 13, 2022 as evidenced by a certified copy of the Certificate of Death, attached hereto;

That decedent owned the following property described in the real property deed attached hereto and incorporated herein;

That I am the successor to the estate of the decedent and to the decedents interest in the described property and no other person has a superior right to the interest of the decedent in the described property;

That no proceeding is being or has been conducted in Nevada for administration of the decedent's estate;

That the funeral expenses, expenses of last illness, and all unsecured debts of decedent have been paid.

Oath or Affirmation:

I certify under penalty of perjury under Nevada law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

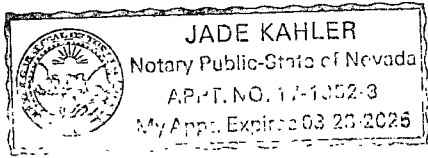
Virginia Pepperdene
9/12/24 Date

STATE OF NEVADA, COUNTY OF DOUGLAS COUNTY, ss:

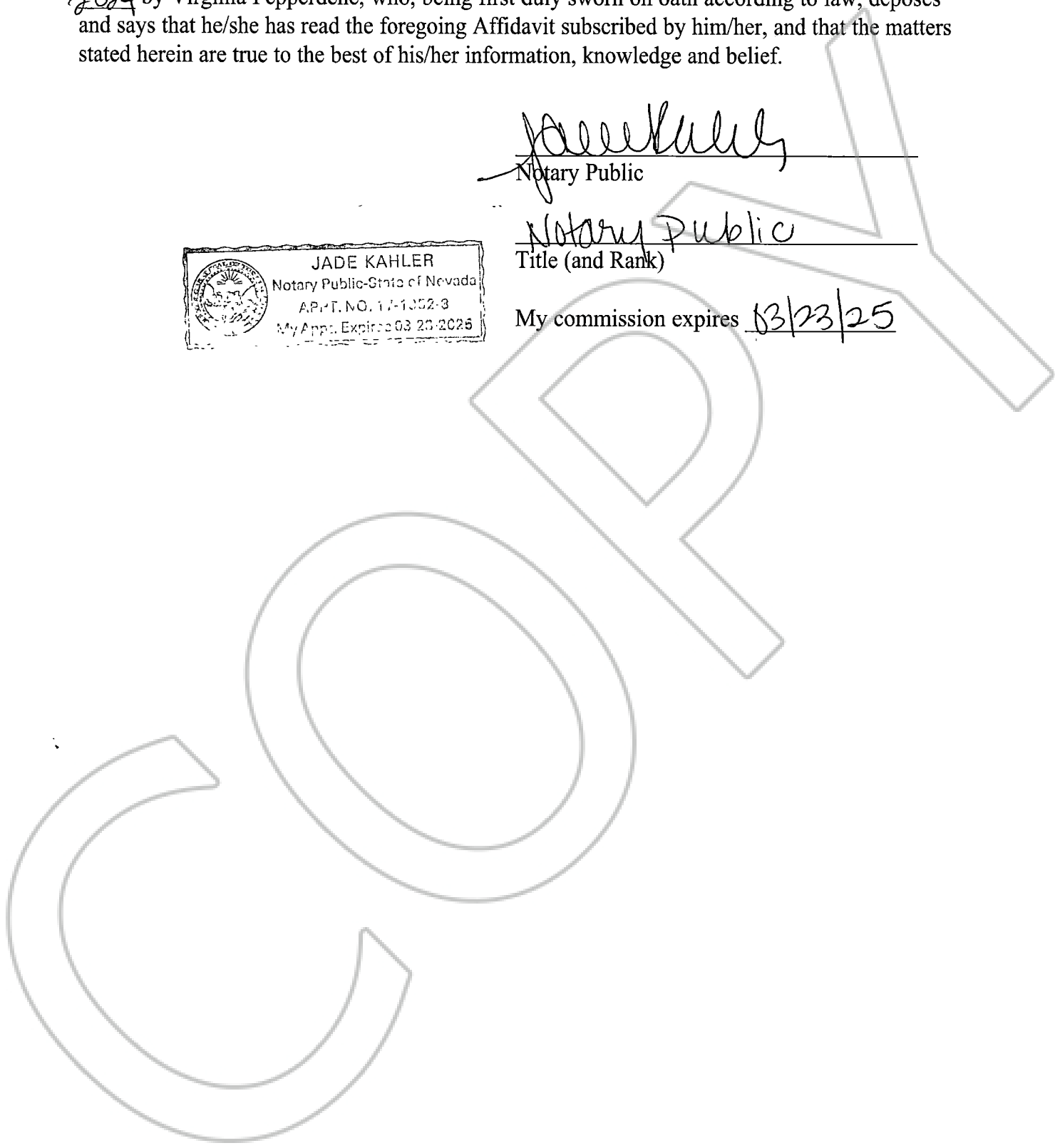
This Affidavit was acknowledged before me on this 12th day of September, 2024 by Virginia Pepperdene, who, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.

Jade Kahler
Notary Public

Notary Public
Title (and Rank)



My commission expires 03/23/25



**EXHIBIT "A"
LEGAL DESCRIPTION**

The land referred to herein is situated in the State of Nevada,
County of DOUGLAS, described as follows:

Lot 944, as shown on the map of GARDNERVILLE 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.

Assessors Parcel No. 1220-22-410-132

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4272870

CERTIFICATE OF DEATH

2022006912
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 Sheldon PEPPERDENE		2. DATE OF DEATH (Mo/Day/Year) March 13, 2022		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or number) Carson Valley Medical Center		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Intensive Care Unit (ICU)	
4 SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 73		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
7d. UNDER 1 DAY MIN		8. DATE OF BIRTH (Mo/Day/Yr) April 27, 1948		9a. STATE OF BIRTH (If not US/CA, name country) New York	
9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16		11. MARITAL STATUS (Specify) Married	
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Virginia OLDER		13. SOCIAL SECURITY NUMBER ██████████-5466		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) JANITOR	
14b. KIND OF BUSINESS OR INDUSTRY Public School District		15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1468 Mary Jo Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16 FATHER/PARENT - NAME (First Middle Last Suffix) John PEPPERDENE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Rose MORRISON		
18a. INFORMANT- NAME (Type or Print) Virginia PEPPERDENE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1468 Mary Jo Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD304		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
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) SAMANTHA L THOMSEN APRN 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) March 15, 2022		21c. HOUR OF DEATH 20:25		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Samantha L Thomsen APRN 1155 Mill Street Reno, NV 89502				23b. LICENSE NUMBER APRN842537	
24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 15, 2022		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))				Interval between onset and death	
PART I					
(a) Cardiopulmonary Arrest					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Lactic Acidosis					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Septic Shock					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Ischemic Colitis					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I				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:

3/22/2022

STATE REGISTRAR

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

