

A.P.N. No.:	009-605-29
File No.:	1380706 AMG
Recording Requested By:	
Stewart Title Company	
When Recorded Mail To:	
Kathryn G. Hammett	
3048 Singletree Court	
Carson City, Nevada 89701	


(for recorders use only)

Affidavit of Death of Joint Tenant**Please complete Affirmation Statement below:**

☐ I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

☒ I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 440-380
(State specific law)


Signature
Amy Gutierrez
Print Signature

Escrow Officer
Title

This page added to provide additional information required by NRS 111.312 Sections 1 - 2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

A.P.N. No.:	009-605-29
File No.:	1380706 AMG
Recording Requested By:	
Stewart Title Company	
Mail Tax Statements To:	Same as below
When Recorded Mail To:	
Stewart Title Company	
2310 S. Carson Street Ste 5A	
Carson City, Nevada 89701	

AFFIDAVIT - DEATH OF JOINT TENANT

State of Carson City)
) ss
 County of Nevada)

Kathryn G. Hammett, of legal age, being first duly sworn, deposes and says: That Gary Evan Hammett, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Gary E. Hammett named as one of the parties in that certain Grant, Bargain Sale Deed dated November 14, 2012 executed by Judith Rand, an unmarried woman and Willard W. Luedke, an unmarried man, as Joint Tenants with Right of Survivorship to Gary E. Hammett and Kathryn G. Hammett, husband and wife as Joint Tenants, recorded as Document No. 428326, on November 19, 2012 in the Official Records of Carson City County, Nevada, covering the following described property situated in Carson City County, State of Nevada.

All that certain real property situate in the County of Carson City, State of Nevada, described as follows:

Lot 64 as shown on the Official Plat for Doubletree, Phase 3, a Planned Unit Development, according to the map thereof, filed in the office of the County Recorder of Carson City County, State of Nevada on September 21, 1993, in Book 7, Page 2023, as File No. 149849.

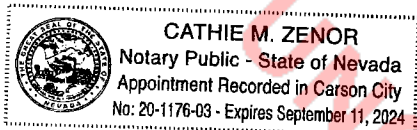
Dated: October 8th, 2021.

Kathryn G. Hammett
Kathryn G. Hammett

State of Nevada)
) ss
County of Carson City)

This instrument was acknowledged before me on the 8th day of October, 2021
By: Kathryn G. Hammett

Signature: Cathie M. Zenor
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. 4166970

CERTIFICATE OF DEATH

2020019959

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK DECEDECENT 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) Gary Evan HAMMETT		2. DATE OF DEATH (Mo/Day/Year) September 11, 2020		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 and number) 3048 Singletree Ct.		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home		
	5. RACE (Specify) White		6. Hispanic Origin? Specify: No - Non-Hispanic		7a. AGE-Last birthday (Years) 85		
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) January 25, 1935		
	9a. STATE OF BIRTH (If not US/CA, name country) California		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) Kathryn Gay RAINE				
	13. SOCIAL SECURITY NUMBER 7023		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY NEWSPAPER		
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City		
	15d. STREET AND NUMBER 3048 Singletree Ct.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes				
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Norval Elmore HAMMETT			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Naoma Gwendolyn COTTER			
	18a. INFORMANT - NAME (Type or Print) Kathryn G. HAMMETT			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3048 Singletree Court Carson City, Nevada 89701			
	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) DENICE PORTILLO		20b. FUNERAL DIRECTOR LICENSE NUMBER FD872		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706		
	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) B A BOTTENBERG DO			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) September 11, 2020		21c. HOUR OF DEATH 03:44		22b. DATE SIGNED (Mo/Day/Yr)		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22c. HOUR OF DEATH		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) B A Bottenberg DO 550 W Washington #1 Carson City, NV 89706					23b. LICENSE NUMBER DO674	
	24a. REGISTRAR (Signature) WESLEY T STOREY			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 14, 2020		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) Myelodysplastic Syndrome						
	DUE TO, OR AS A CONSEQUENCE OF:						
	(b) Unknown Etiology						
	DUE TO, OR AS A CONSEQUENCE OF:						
	(c) 						
	DUE TO, OR AS A CONSEQUENCE OF:						
	(d) 						
	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Hyperlipidemia, Coronary Artery Disease					26. AUTOPSY (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		

000832362

**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:

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

