

APN# 1420-07-717-016



KAREN ELLISON, RECORDER

Recording requested by:

Name: SHIRLEY M MARRS
Address: 3466 INDIAN DRIVE
City/State/Zip: CARSON CITY, NV 89705

Mail tax statements to:

Name: _____
Address: SAME
City/State/Zip: _____

Mail to, if different than above:

Name: _____
Address: _____
City/State/Zip: _____

Please complete Affirmation Statement below:

I, the undersigned, hereby affirm that this document 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 this document submitted for recording contains the social security number of a person or persons as required by law NRS 40.525(5).
(State specific law)

Shirley M. Marrs _____
Signature (Print name under signature) Title

AFFIDAVIT OF SURVIVING JOINT TENANT
(Insert Title of Document Above)

Only use the following section if it applies to your document

This document is being re-recorded to _____

This document is being recorded to correct document # _____, and is correcting

This page added to provide additional information required by NRS 111.312 Sections 1-4.
(Additional recording fee applies)

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS

Now on this 23 day of APRIL 2015 SHIRLEY MARRS, of lawful age,
being duly sworn, state as follows:

On the 23 day of APRIL 2015, this interest was conveyed by document to
SHIRLEY MARRS as Joints Tenants, and not as Tenants in Common, with the
right of survivorship, the following real property situated in CARSON CITY County, DOUGLAS

to wit:

Section 7 Township 14, Range 20

Which document was recorded in the records of the County Clerk of DOUGLAS County, State
of NEVADA Book 1112 at Page 3825 There is attached hereto a certified copy of the
Death Certificate of EVERETT MARRS deceased, issued by the Department of Health for the State of
NEVADA showing that the deceased Joint Tenant died on the 9 day of SEPTEMBER

Affiant further states that he/she is the surviving joint tenant in the described property,
and that the decedent named in the certificate of death is one and the same person as the joint
tenant named in the deed recorded as above set forth.

Affiant further states that on the date of deceased joint tenant's death the two were
married to each other and that affiant is the surviving spouse.

And further affiant saith not.

Signed Shirley M. Marrs
Affiant Shirley M. Marrs

Subscribed and sworn to before me this 23 day of April 2015
My Commission Expires: 2/1/16

Shaunne Garrison
Notary Public

ACKNOWLEDGMENT

STATE OF _____)
) SS.
COUNTY OF _____)

Before me, the undersigned, a Notary Public, in and for said County and State on the
_____ day of _____, _____ personally appeared
_____ to me known to be the identical person who executed the
within and foregoing instrument and acknowledged to me that _____ executed the same as _____
free and voluntary act and deed for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I have hereunto set my official signature and affixed my
official seal the day and year first above written.

My Commission Expires:

Notary Public

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

VITAL STATISTICS

CERTIFICATE OF DEATH

2014015275

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) Everet Michael MARRS | | 2. DATE OF DEATH (Mo/Day/Year) September 09, 2014 | | 3a. COUNTY OF DEATH Douglas | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Carson City | | 3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) 3466 Indian Dr. | | 3e. If Hosp. or Inst. indicate DOA: OP/Emer. Rm. Inpatient (Specify) Home | |
| 3d. SEX Male | | 7a. AGE - Last birthday (Years) 75 | | 7b. UNDER 1 YEAR MOS: DAYS: HOURS: MINS: | |
| 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | | 8. DATE OF BIRTH (Mo/Day/Yr) June 15, 1939 | |
| 9a. STATE OF BIRTH (If not U.S.A., name country) Colorado | | 9b. CITIZEN OF WHAT COUNTRY United States | | 10. EDUCATION 16 | |
| 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 12. SURVIVING SPOUSE (If wife, give maiden name) Shirley M STUCK | | 13. SOCIAL SECURITY NUMBER [REDACTED] 4051 | |
| 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Logistics | | 14b. KIND OF BUSINESS OR INDUSTRY Military Equipment | | 15. INSIDE CITY LIMITS (Specify Yes or No) Yes | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Carson City | |
| 15d. STREET AND NUMBER 3466 Indian Dr. | | 16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Everet L. MARRS | | 17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Mary HUDAK | |
| 18a. INFORMANT - NAME (Type or Print) Shirley MARRS | | 18b. MAILING ADDRESS: (Street or R.F.D. No., City or Town, State, Zip) 3466 Indian Dr. Carson City, Nevada 89705 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial | | 19b. CEMETERY OR CREMATORY - NAME Walton's Carson Gardens | | 19c. LOCATION: City or Town: State Carson City Nevada 89701 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE 823 | | 20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV. 89410 | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) 21b. DATE SIGNED (Mo/Day/Yr) 21c. HOUR OF DEATH 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | | | |
| 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) STUART SHIPLEY SIGNATURE AUTHENTICATED 22b. DATE SIGNED (Mo/Day/Yr) September 20, 2014 22c. HOUR OF DEATH 17:28 22d. PRONOUNCED DEAD (Mo/Day/Yr) September 09, 2014 22e. PRONOUNCED DEAD AT (Hour) 17:28 | | | | | |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Stuart Shipley P.O. Box 218 Minden, NV 89423 | | | | 23b. LICENSE NUMBER 515 | |
| 24a. REGISTRAR (Signature) RHONDA PENA SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 23, 2014 | | 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) Arteriosclerotic and Hypertensive Cardiovascular Disease (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR AS A CONSEQUENCE OF | | | | | |
| 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) Yes | | 28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT | | | |
| 28b. DATE OF INJURY (Mo/Day/Yr) September 09, 2014 | | 28c. HOUR OF INJURY 17:28 | | 28d. DESCRIBE HOW INJURY OCCURRED Natural at Home | |
| 28e. INJURY AT WORK (Specify Yes or No) No | | 28f. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) Home | | 28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 3466 Indian Drive Minden Nevada | |

STATE REGISTRAR

3791434

546307

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:

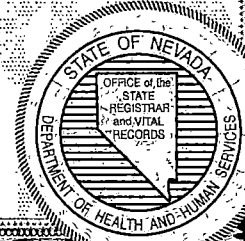
09/23/2014

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

STATE REGISTRAR

SIGNATURE AUTHENTICATED

VRs-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Lot 10, Block C, as shown on the filed map of Highland Estates Unit No. 3, filed in the office of the County Recorder of Douglas County, Nevada, on May 2, 1978, as Document No. 20212

APN: 1420-07-717-016

EXHIBIT "A"

