



KAREN ELLISON, RECORDER

Assessor's Parcel No. 21-132-36

When recorded mail to:  
John W. Hoffman  
429 West Plumb Lane  
Reno, Nevada, 89509

Mail future Tax Statements to:  
Gregory J. Berry  
7915 Kevin Circle  
Reno, Nevada, 89511

**AFFIDAVIT OF SURVIVORSHIP**

STATE OF NEVADA        )  
                                      : SS.  
COUNTY OF WASHOE    )

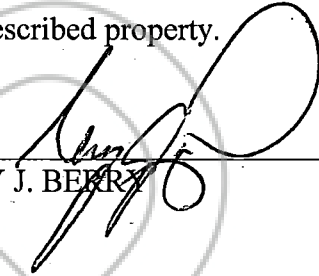
GREGORY J. BERRY, does hereby swear under penalty of perjury that the assertions of this Affidavit are true, to wit:

1. That I am over the age of eighteen years and legally competent to make and execute this affidavit.
2. That I am the survivor of the joint tenancy property of GEORGIA D. BERRY.
3. That GEORGIA DEANE BERRY, also known as GEORGIA D. BERRY is now deceased, having died in the City of Reno, County of Washoe, State of Nevada, on September 23, 2013. Attached hereto is a certified copy of the Certificate of Death of GEORGIA DEANE BERRY, also known as GEORGIA D. BERRY, which has been duly filed with Vital Records in the County of Washoe, State of Nevada. That your affiant expressly incorporates said Certificate of Death in this affidavit.
4. That during the lifetime of the said GEORGIA D. BERRY, GEORGIA D. BERRY and your affiant were owners as Joint Tenants with right of survivorship, under a Deed recorded November 4, 1987, as Document No. 165722, Official Records, Douglas County

Recorder, of that certain real property situate in the County of Douglas, State of Nevada, more particularly described as follows:

Lot 2, of IDLE ACRES SUBDIVISION, as shown on the Official Map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on April 5, 1960, in Book 1 of Maps, Document No. 15812.

5. That by reason of the demise of the said GEORGIA DEANE BERRY, your affiant is the sole owner under the Deed on the above-described property.

  
\_\_\_\_\_  
GREGORY J. BERRY

SUBSCRIBED AND SWORN to before

me this 23<sup>rd</sup> day of April, 2015.

  
\_\_\_\_\_  
NOTARY PUBLIC



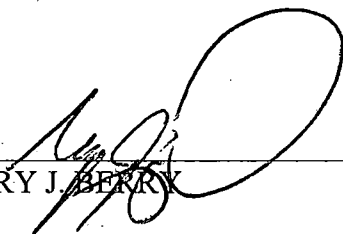
AFFIRMATION

Pursuant to NRS 239B.030

The undersigned does hereby affirm that the preceding document, Affidavit of Survivorship, contains the social security number of a person as required by a specific state or federal law, to wit:

NRS 440.380, Medical certificate of death.

DATED: This 23<sup>rd</sup> day of April, 2015.

  
\_\_\_\_\_  
GREGORY J. BERRY

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2013015732

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) Georgia Deane BERRY		2. DATE OF DEATH (Mo/Day/Year) September 23, 2013		3a. COUNTY OF DEATH Washoe		
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) Renown Regional Medical Center		3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) Inpatient		
4. SEX Female		5. RACE (Specify) White		6. Hisp. Origin? Specify No - Non-Hisp. Origin		
7a. AGE - Last birthday (Years) 56		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) February 10, 1958		
9a. STATE OF BIRTH (If not U.S.A. name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Gregory BERRY		13. SOCIAL SECURITY NUMBER [REDACTED]-6219		
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home		Ever in US Armed Forces? No		
15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno		
15d. STREET AND NUMBER 7915 Kevin Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle, Last, Suffix) Robert CROUSE		
17. MOTHER/PARENT - NAME (First Middle, Last, Suffix) Naomi PREST		18a. INFORMANT - NAME (Type or Print) Gregory BERRY		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 7915 Kevin Circle Reno, Nevada 89511		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Mountain View Cemetery		19c. LOCATION City or Town State Reno Nevada 89503		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LEWIS NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 621		20c. NAME AND ADDRESS OF FACILITY Ross, Burke and Knobel Mortuary, Reno. 2155 Kletzke Lane Reno NV 89502		
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) ANU MICHAEL 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) September 25, 2013			21c. HOUR OF DEATH 22:10			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b. DATE SIGNED (Mo/Day/Yr)			
			22c. HOUR OF DEATH			
			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) ANU MICHAEL MD, 1155 Mill St. Reno, NV 89502					23b. LICENSE NUMBER 14760	
24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 27, 2013		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) Respiratory failure						
DUE TO, OR AS A CONSEQUENCE OF:						
(b) Aspiration						
DUE TO, OR AS A CONSEQUENCE OF:						
(c) Multiple sclerosis						
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:					26. AUTOPSY (Specify Yes or No) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No
28a. ACC., SUICIDE, HOM., UNOET. 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		

STATE REGISTRAR



000181304

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.

DEPUTY REGISTRAR

Norm Jackson

DATE ISSUED: MAR 26 2015

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE