

APN# 1320-33-401-012



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: KATHY McDuffee

Address: 1318 JOHNSON LN

City/State/Zip: MINDEN, NV 89423

Mail Tax Statements to:

Name: KATHY McDuffee

Address: 1318 JOHNSON LN

City/State/Zip: MINDEN, NV 89423

AFFIDAVIT - DEATH OF JOINT TENANT

**Title of Document** (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

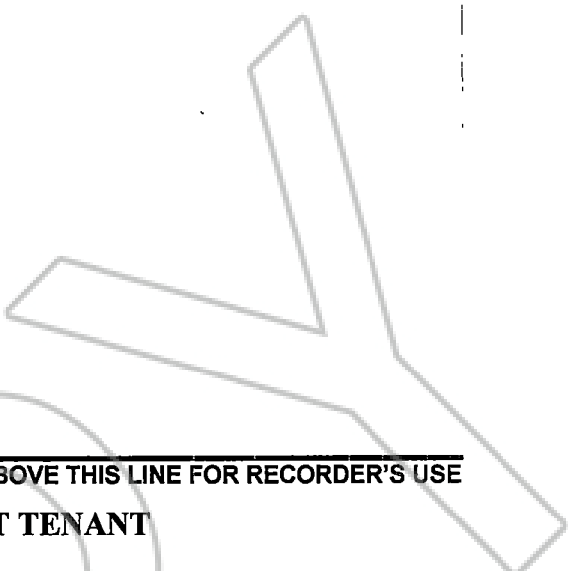
Signature

KATHY McDuffee

Printed Name

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

\$1.00 Additional Recording Fee for Use of This Page

<p><b>APN: 1320-33-401-012</b></p> <p><b>RECORDING REQUESTED BY:</b></p> <p>Kathy McDuffee 1318 Johnson Ln. Minden, NV 89423</p> <p><u>AFTER RECORDATION, RETURN BY MAIL TO:</u></p> <p>Kathy McDuffee 1318 Johnson Ln. Minden, NV 89423</p>	
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SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT – DEATH OF JOINT TENANT**

STATE OF NEVADA                    )  
  ) ss:  
COUNTY OF DOUGLAS                    )

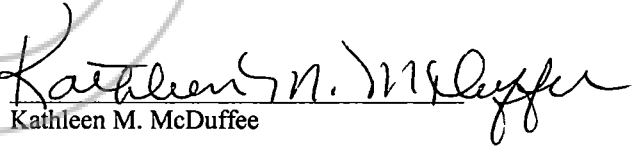
KATHLEEN M. McDUFFEE, being 18 years or over, being first duly sworn, deposes and says:

The decedent mentioned in the attached certified copy of Certificate of Death, is the same person as William McDuffee named as one of the parties in that certain Grant, Bargain, Sale Deed dated July 24, 2008, executed by William G. McDuffee and Kathleen M. McDuffee, husband and wife as joint tenants with right of survivorship, each own 50% of said property, to William G. McDuffee and Kathleen M. McDuffee (surviving tenant), husband and wife as joint tenants, and recorded on July 25, 2008, in Book 0708, at Page 5512, Document No. 0727479 of Official Records of Douglas County, State of Nevada, covering the following described real property in said County, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.

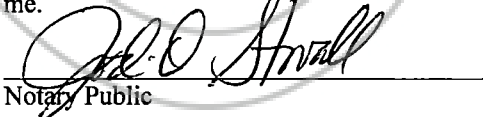
A.P.N. 1320-33-401-012


Dated: 4/13/16

  
Kathleen M. McDuffee

State of Nevada                    )  
  ) ss.  
County of Douglas                    )

Subscribed and sworn to (or affirmed) before me on this 13<sup>th</sup> day of April, 2016, by Kathleen M. McDuffee, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

  
Notary Public

 JODI O. STOVALL  
Notary Public - State of Nevada  
Appointment Recorded in Douglas County  
No: 03-79473-5 - Expires August 3, 2016

**EXHIBIT "A"**

All that real property situate in Douglas County, State of Nevada, described as follows:

A parcel of land situated in the TOWN OF GARDNERVILLE, County of Douglas, State of Nevada, being a portion of the Southwest ¼ of Section 33, Township 13 North, Range 20 East, M.D.B.&M., more particularly described as follows, to-wit:

BEGINNING at a point on the Southeasterly corner of the herein described parcel of land, 40 feet Westerly from the centerline of the State Highway (as said Highway existed on July 21, 1949) and South 44°54' East, a distance of 340.00 feet from the Southerly boundary line of High School Street, and Point of Beginning further described as bearing North 46°26'30" West, a distance of 1,486.60 feet from the Town Monument at the so-called Dettling corner, said Point of Beginning also being the Northwest corner of the Ludel property; THENCE at right angle along the Northwesterly line of the Ludel property, in a Southwesterly direction, a distance of 181.50 feet; THENCE at a right angle in a Northwesterly direction, a distance of 126.00 feet more or less, to a point in the Southeasterly line of the F. Dangberg property; THENCE along the Dangberg property line, in a Northeasterly direction, a distance of 181.50 feet to the Southwesterly line of the State Highway; THENCE South 44°54' East, along said Highway line, a distance of 126.00 feet to the POINT OF BEGINNING.

NOTE (NRS 111.312): The above metes and bounds description appeared previously in that certain Original GRANT, BARGAIN AND SALE DEED, recorded in the office of the County Recorder of DOUGLAS County, Nevada on August 7, 1897, in Book 887, Page 723, as Document No. 159798, Official Records.

APN: 1320-33-401-012

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

**CERTIFICATE OF DEATH**

2015003170  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>William Gary MCDUFFEE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 21, 2015</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) <b>1318 Johnson Lane</b>		3e. If Hosp. or inst. indicate DOA,OP/Emer, Rm. Inpatient(Specify) <b>Home</b>	
	4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
	7a. AGE-Last birthday (Years) <b>68</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>	
DECEDENT	8. DATE OF BIRTH (Mo/Day/Yr) <b>May 15, 1946</b>		9a. STATE OF BIRTH (If not U.S.A.) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
	10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (Maiden name) <b>Kathleen PORTELLI</b>	
	13. SOCIAL SECURITY NUMBER <b>-3330</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Owner-operator</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Home Inspector</b>	
	15. Ever in US Armed Forces? <b>No</b>		15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>	
PARENTS	15c. CITY, TOWN OR LOCATION <b>Minden</b>		15d. STREET AND NUMBER <b>1318 Johnson Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>	
	16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Duane MCDUFFEE</b>			17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Patricia FLYNN</b>		
	18a. INFORMANT - NAME (Type or Print) <b>Kathleen MCDUFFEE</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1318 Johnson Lane Minden, Nevada 89423</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
DISPOSITION	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICHARD HEARN</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>228</b>		20c. NAME AND ADDRESS OF FACILITY <b>Capitol City Memorial Cremation and Burial Society</b> <b>1614 N Curry Street Carson City NV 89703</b>	
	TRADE CALL - NAME AND ADDRESS					
TRADE CALL	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>RALPH HERBIG DO</b> 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) <b>February 23, 2015</b>		21c. HOUR OF DEATH <b>21:27</b>		22b. DATE SIGNED (Mo/Day/Yr)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) <b>Dr. Ralph Herbig DO 1540 Hwy 395 N, Ste E Gardnerville, NV 89410</b>			23b. LICENSE NUMBER <b>984</b>		
CERTIFIER	24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 27, 2015</b>		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))					
CAUSE OF DEATH	PART I				Interval between onset and death	
	(a) <b>Cardiopulmonary Collapse</b>				<b>Minutes</b>	
	(b) DUE TO, OR AS A CONSEQUENCE OF: <b>Electrolyte Imbalance</b>				Interval between onset and death <b>Days</b>	
	(c) DUE TO, OR AS A CONSEQUENCE OF: <b>Metastatic Liver Disease</b>				Interval between onset and death <b>Months</b>	
(d) DUE TO, OR AS A CONSEQUENCE OF:				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) <b>No</b>		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		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		

STATE REGISTRAR

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:

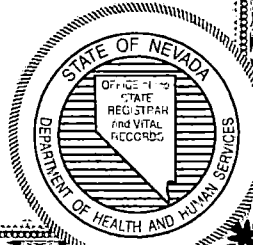
**3/2/2015**

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

*R. D. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

3818755



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE