

APN: 1320-29-610-048

When Recorded, Mail to:

JENNIFER YTURBIDE, ESQ.
YTURBIDE LAW PC
1701 County Road, Suite M
Minden, NV 89423

Mail Tax Statements to:

MICHAEL KYLE
1107 FIORE CT.
MINDEN, NV 89423



00061165201709036520040041

KAREN ELLISON, RECORDER

SPACE ABOVE RESERVED FOR RECORDER'S USE

AFFIDAVIT OF DEATH (NRS §111.365)

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

I, MICHAEL W. KYLE, do hereby swear under penalty of perjury that the following assertions are true to the best of my knowledge and belief:

- 1. I am over 18 years of age, am of sound mind, and if called to testify would competently testify to the following.
- 2. The real property commonly known as 1107 Fiore Ct., Minden, NV 89423 was conveyed to MICHAEL W. KYLE and SUSAN A. KYLE, husband and wife as Joint Tenants in that certain Grant, Bargain, Sale Deed recorded as Doc #835574 in Book 1213 at Page 2709 of the Official Records in the Office of the County Recorder of Douglas County, in and for the State of Nevada.

3. SUSAN A. KYLE died on February 23, 2017. A certified copy of SUSAN A. KYLE'S death certificate is attached hereto and incorporated herein by reference.

4. I am MICHAEL W. KYLE, the surviving spouse referred to in that certain Grant, Bargain, Sale Deed recorded as Doc 835574 in Book 1213 at Page 2709 of the Official Records in the Office of the County Recorder of Douglas County, in and for the State of Nevada.

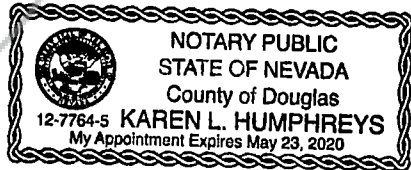
5. The real property commonly known as 1107 Fiore Ct., Minden, NV 89423, which is the subject of the above-described deed and joint tenancy is located in the County of Douglas, State of Nevada, and is more particularly described in Exhibit "A" attached hereto and incorporated herein.

DATED: 6 of September 2017.


MICHAEL W. KYLE

SUBSCRIBED and SWORN to before me
this 6 day of September 2017.


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. 3942766

CERTIFICATE OF DEATH

2017003555
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

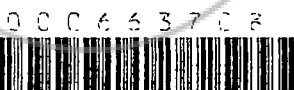
REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Susan Andrea KYLE		2. DATE OF DEATH (Mo/Day/Year) February 23, 2017		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 name country) 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. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 73		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) January 01, 1944		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Michael W KYLE	
13. SOCIAL SECURITY NUMBER ██████-6280		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Legal Secretary		14b. KIND OF BUSINESS OR INDUSTRY Law	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1107 Fiore Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Lawrence E ANDERSON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Dorothy ALFORD		
18a. INFORMANT - NAME (Type or Print) Michael W KYLE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1107 Fiore Court Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr 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) MAUREEN L SHEEHAN 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) February 24, 2017		21c. HOUR OF DEATH 01:55		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) Maureen L Sheehan 85 Kirman Avenue Reno, NV 89502				23b. LICENSE NUMBER 15490	
24a. REGISTRAR (Signature) CARMEN M MENDOZA SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 28, 2017		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) Glioblastoma Multiforme DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____				Interval between onset and death 5 Months	
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) 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					
28a. 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: **3/6/2017**

Cody L Shingy
SIGNATURE AUTHENTICATED

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

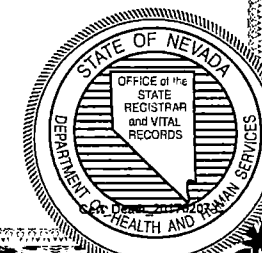


EXHIBIT A

APN 1320-29-610-048

LOT 22 IN BLOCK B, AS SET FORTH ON THE FINAL SUBDIVISION MAP FOR MONTERRA PHASE I RECORDED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER, STATE OF NEVADA, ON AUGUST 24, 2005 IN BOOK 0805, PAGE 11150 AS DOCUMENT NO. 653145 OF OFFICIAL RECORDS.

Subject to:

1. All general and special taxes for the current fiscal year.
2. Covenants, Conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and an reversions, remainders, rents, issues or profits thereof.