

APN# : 1420-26-401-039

Recording Requested By:
eTRCo, LLC.

When Recorded Mail To:
Sara Pacheco
P.O. Box 1779
Gardnerville, NV
89410

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

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. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature Sara Pacheco
Sara Pacheco Surviving Joint Tenant

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

This document is recorded as an ACCOMODATION ONLY and without liability for this consideration therefore, or as to the validity or sufficiency of said instrument, or for the effect of such recording on the title of the property involved.

AFFIDAVIT - DEATH OF JOINT TENANT

Sara Pacheco, of legal age, being first duly sworn, deposes and says:

That Arnulfo Pacheco-Montes, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Arnulfo Pacheco named as one of the parties in that certain Correction Grant, Bargain and Sale Deed dated 3/16/2017 executed by Cesar R. Pacheco, a single man to Cesar R. Pacheco, a single man, and Arnulfo Pacheco and Sara Pacheco, husband and wife, all as joint tenants as joint tenants, recorded as instrument No. 2017-896809, on 4/5/2017, in Book N/A, Page N/A, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Dated Sep 21 - 2017

Sara Pacheco
Sara Pacheco, Surviving Joint Tenant

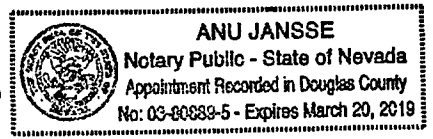
STATE OF NEVADA }SS

COUNTY OF Douglas

This instrument was acknowledged before me on 9/21/17

by Sara Pacheco.

Anu Jansse
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. 3959079

CERTIFICATE OF DEATH

2017011048
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Amulfo PACHECO-MONTES		2. DATE OF DEATH (Mo/Day/Year) May 28, 2017		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and no.) 1680 Stephanie Way		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) Home	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify Yes - Mexican		7. AGE-Last birthday (Years) 54	
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) October 28, 1962	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Mexico		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 10	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Sara LARIOS			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-2042		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Laborer		14b. KIND OF BUSINESS OR INDUSTRY Construction	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 1680 Stephanie Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. INSIDE CITY LIMITS (Specify Yes or No) Yes	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Samuel PACHECO			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Maria MONTES-MONTANO		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) Sara PACHECO		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1680 Stephanie Way Minden, Nevada 89423			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV. 89410	
	20d. SIGNATURE AUTHENTICATED					
REGISTRAR	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) Justin Fricke		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) JUSTIN FRICKE			
CAUSE OF DEATH	21b. DATE SIGNED (Mo/Day/Yr) June 14, 2017		21c. HOUR OF DEATH 11:06		22b. DATE SIGNED (Mo/Day/Yr) June 14, 2017	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 11:06		22d. PRONOUNCED DEAD (Mo/Day/Yr) May 28, 2017	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	22e. PRONOUNCED DEAD AT (Hour) 11:06		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Justin Fricke P.O Box 218 Minden, NV. 89423			
	23b. LICENSE NUMBER 0523		24a. REGISTRAR (Signature) VERALYNN A BOYACK			
STATE REGISTRAR	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 14, 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) Asphyxia By Neck Compression						
DUE TO, OR AS A CONSEQUENCE OF:						
(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. ACC., SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify) Suicide		26b. DATE OF INJURY (Mo/Day/Yr) May 28, 2017		26c. HOUR OF INJURY 1106		
26d. DESCRIBE HOW INJURY OCCURRED Decedent Wrapped Rope Around Neck And Through Rafters, Then Suspended Self Until Death						
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Residence		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 1680 Stephanie Way Minden Nevada		

STATE REGISTRAR

000677958



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: **6/20/2017**

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

Cody Phinney
STATE REGISTRAR
SIGNATURE AUTHENTICATED

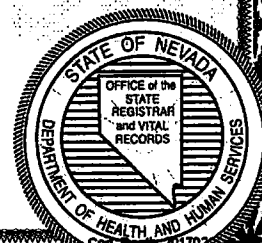


EXHIBIT "A"
LEGAL DESCRIPTION

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

Being a portion of the Southeast 1/4 of the Southwest 1/4 of Section 26, Township 14 North, Range 20 East, M.D. B. & M., described as follows:

Commencing at the Southwest corner of Said Section 26; thence North 89°57' East along the South line of said Section 26 a distance of 1737 feet to the true point of beginning; thence North 0°05' West a distance of 837.60 feet to a point on the South line of the parcel conveyed to Leonard G. Wagner, et ux, by Deed recorded July 31, 1964 under Document No. 25761, Official Records of Douglas County, Nevada, thence North 89°57' East a distance of 243 feet; thence South 0°05' West a distance of 837.60 feet to a point on the South line of said Section 25; thence South 89°57' West along the South line of said Section 26, a distance of 243 feet to the point of beginning.

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Note: Document No. 235212 is provided pursuant to the requirements of Section 6.NRS 111 .312.