

APN: 1320-33-811-036

When Recorded, Mail to:
 Jennifer Yturbide
 YTURBIDE LAW PC
 11701 County Rd., Suite M
 Minden, NV 89423



KAREN ELLISON, RECORDER

Mail Tax Statements to:

ELIZABETH CONKIE
 1317 PENN LN.
 GARDNERVILLE, NV 89410

SPACE ABOVE RESERVED FOR RECORDER'S USE

AFFIDAVIT OF DEATH (NRS §111.365)

STATE OF NEVADA)
) SS.
 COUNTY OF DOUGLAS)

I, ELIZABETH A. CONKIE, 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 1317 PENN LN, GARDNERVILLE, NV 89410 was conveyed to KENNETH C. CONKIE and ELIZABETH A. CONKIE, husband and wife as Joint Tenants in that certain Grant, Bargain, Sale Deed recorded as Doc # 0468459 in Book 0599 at Page 4124 of the Official Records in the Office of the County Recorder of Douglas County, in and for the State of Nevada.

3. KENNETH C. CONKIE died on June 5, 2017. A certified copy of KENNETH C. CONKIE'S death certificate is attached hereto and incorporated herein by reference.

4. I am ELIZABETH A. CONKIE, the surviving spouse referred to in that certain Grant, Bargain, Sale Deed recorded as Doc # 0468459 in Book 0599 at Page 4124 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 1317 Penn Ln, Gardnerville, NV 89410, 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 as:

Lot 48, on Block D, of FINAL SUBDIVISION MAP #1006-4 for CHICHESTER ESTATES, PHASE 4, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on December 11, 1997, in Book 1297, Page 2264, as Document No. 428220.

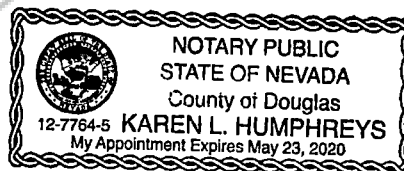
A.P.N. 1320-33/811-036

DATED: 29 of September, 2017.

Elizabeth A. Conkie
ELIZABETH A. CONKIE

SUBSCRIBED and SWORN to before me
this 29 day of September, 2017.

Karen L. Humphreys
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. 3961786

CERTIFICATE OF DEATH

2017011435
STATE FILE NUMBER

| | | | | | | |
|--|--|---|---|--|---|--|
| TYPE OR PRINT IN PERMANENT BLACK INK | 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Kenneth Carl CONKIE | | 2. DATE OF DEATH (Mo/Day/Year) June 05, 2017 | | 3a. COUNTY OF DEATH Douglas | |
| | 3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) 1317 Penn Lane Home | | 4. SEX Male | |
| DECEDENT | 5. RACE White (Specify) | | 8. Hispanic Origin? Specify No - Non-Hispanic | | 7a. AGE-Last birthday (Years) 52 | |
| | 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MINS | | 8. DATE OF BIRTH (Mo/Day/Yr) October 08, 1964 | |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS | 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) Elizabeth Ann BRYANT | | | |
| PARENTS | 13. SOCIAL SECURITY NUMBER ██████████-9532 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) | | 14b. KIND OF BUSINESS OR INDUSTRY Grocery Store | |
| | 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Gardnerville | |
| DISPOSITION | 15d. STREET AND NUMBER 1317 Penn Lane | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | | |
| | 16. PARENT - NAME (First Middle Last Suffix) William C CONKIE SR | | | 17. PARENT - NAME (First Middle Last Suffix) Katharine Marie BERTRAM | | |
| TRADE CALL | 18a. INFORMANT - NAME (Type or Print) Oriane SABIN | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1358 Petar Dr Gardnerville, Nevada 89410 | | | |
| | 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory | | 19c. LOCATION City or Town State Carson City Nevada 89706 | |
| CERTIFIER | 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CRAIG R COLEMAN SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD921 | | 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) | | 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) KEVIN KAROSICH SIGNATURE AUTHENTICATED | | | |
| REGISTRAR | 21b. DATE SIGNED (Mo/Day/Yr) | | 21c. HOUR OF DEATH | | 22b. DATE SIGNED (Mo/Day/Yr) July 06, 2017 | |
| | 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22c. HOUR OF DEATH 15:23 | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) June 02, 2017 | |
| CAUSE OF DEATH | 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Kevin Karosich P O Box 218 Minden, NV 89423 | | | | 23b. LICENSE NUMBER 477 | |
| | 24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 06, 2017 | | 24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Ruptured Berry Aneurysm DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | |
| | (b) DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | |
| (c) DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | | |
| (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. Hypertensive Cardiovascular Disease | | | | 26. AUTOPSY (Specify Yes or No) Yes | | |
| 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. | | 28h. CITY OR TOWN STATE | | |

STATE REGISTRAR



CERTIFIED COPY OF VITAL RECORDS

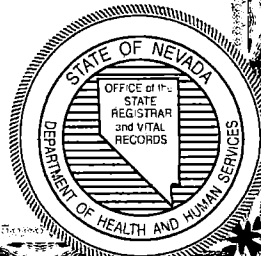
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 7/24/2017

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

Cody D. Phinney
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VR9-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE