

APN: 1320-30-312-007

When Recorded, Mail to:
Jennifer Yturbide, Esq.
YTURBIDE LAW PC
1701 County Road, Suite M
Minden, NV 89423

Mail Tax Statements to:

JERRY VAN SICKLE
1721 WESTWOOD DR.
MINDEN, NV 89423



KAREN ELLISON, RECORDER

SPACE ABOVE RESERVED FOR RECORDER'S USE

AFFIDAVIT OF DEATH (NRS §111.365)

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

I, JERRY VAN SICKLE, 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 1721 Westwood Drive, Minden, NV 89423 was conveyed to JERRY VAN SICKLE AND CAROL VAN SICKLE, husband and wife as community property with right of survivorship in that certain Individual Grant Deed recorded as Doc # 0436741 in Book 0498 at Page 1140 of the Official Records in the Office of the County Recorder of Douglas County, in and for the State of Nevada.

3. CAROL VAN SICKLE died on May 19, 2017. A certified copy of CAROL VAN SICKLE'S death certificate is attached hereto and incorporated herein by reference.

4. I am JERRY VAN SICKLE, the surviving spouse referred to in that certain Individual Grant Deed recorded as Doc # 0436741 in Book 0498 at Page 1140 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 1721 Westwood Drive, 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 as follows:

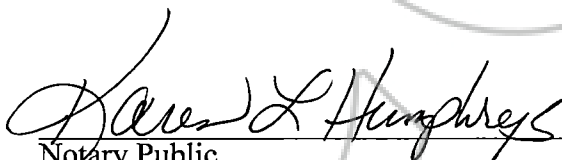
Lot 1, in Block C as set forth on Final Map #1010-4B of Westwood Village Unit 4B, filed for record in the Office of the County Recorder of Douglas County, State of Nevada on December 13, 1995 in Book 1295, Page 1906, as Document No. 376827.

DATED: 5 of October 2017.

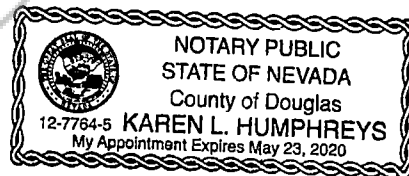


JERRY VAN SICKLE

SUBSCRIBED and SWORN to before me
this 5th day of October 2017.



Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

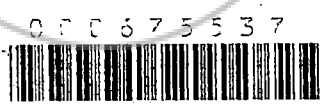
CASE FILE NO. 3957515

CERTIFICATE OF DEATH

2017009508
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Carol Jean VAN SICKLE		2. DATE OF DEATH (Mo/Day/Year) May 19, 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 address) 1721 Westwood Dr		3e. If Hosp. or Inst. Indicate DOA,OP/emer. Rm. Inpatient(Specify) Home	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 69	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) November 09, 1947	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Arizona		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Jerry Ray VAN SICKLE			
PARENTS	13. SOCIAL SECURITY NUMBER 6643		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Secretary		14b. KIND OF BUSINESS OR INDUSTRY Public Schools	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 1721 Westwood Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Patrick Henry CUNNING	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Margarette JELINSKI		18a. INFORMANT- NAME (Type or Print) Jerry VAN SICKLE			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1721 Westwood Dr Minden, Nevada 89423				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	
	19b. CEMETERY OR CREMATORY - NAME Genoa Cemetery		19c. LOCATION City or Town State Genoa Nevada			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CRAIG R COLEMAN		20b. FUNERAL DIRECTOR LICENSE NUMBER FD921		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
	TRADE CALL - NAME AND ADDRESS SIGNATURE AUTHENTICATED					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) REED DOFF MD		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) May 22, 2017		21c. HOUR OF DEATH 14:35		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
CAUSE OF DEATH	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH			
	22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Reed Doff MD 18653 Wedge Pkwy Reno, NV 89511				23b. LICENSE NUMBER 13920	
	24a. REGISTRAR (Signature) VERALYNN A BOYACK		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 23, 2017		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STATE REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				26. AUTOPSY (Specify Yes or No) No	
	PART I (a) Terminal Complications Of Malignant, Metastatic Breast Cancer 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	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1,				27. WAS CASE REFERRED TO CORONER (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. CITY OR TOWN STATE				

STATE REGISTRAR



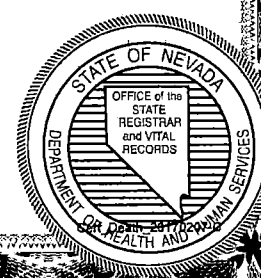
CERTIFIED COPY OF VITAL RECORDS

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: **5/31/2017**

Cody D. Phinney
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE