

The undersigned hereby affirms that this document submitted for recording does contain a social security number as required by NRS 440.380.



KAREN ELLISON, RECORDER

A.P.N. 1220-16-710-014

When Recorded Return to:  
Scott J. Heaton, Esq.  
Post Office Box 605  
Carson City, Nevada 89702

Mail Tax Statements to:  
Eileen Sullivan  
1308 Muir Drive  
Gardnerville, Nevada 89460

**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF NEVADA )  
 ) ss.  
CARSON CITY )

I, EILEEN SULLIVAN, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

1. That TIMOTHY S. SULLIVAN died on the 18th day of August, 2017, in Washoe County, State of Nevada, and that a copy of his death certificate is attached hereto as Exhibit "A".

2. That at the date of his death the said TIMOTHY S. SULLIVAN was an owner in joint tenancy with EILEEN SULLIVAN of certain property situate in Douglas County, State of Nevada, and particularly described as follows, to wit:

The land referred to herein is situated in the State of Nevada, County of DOUGLAS, described as follows:

Lot 14, Block A, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 4, filed in the


office of the County Recorder of Douglas County, Nevada, on April 10, 1967, as Document No. 35914.

Assessors Parcel No. 1220-16-710-014

as evidenced by a Grant, Bargain, Sale Deed dated April 21, 2006, recorded on May 1, 2006 as Document Number 0673785.

3. That upon the death of the said TIMOTHY S. SULLIVAN, the said EILEEN SULLIVAN became the sole owner of the above-described property as her sole and separate property.

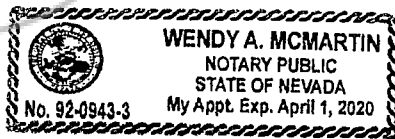
DATED this 12th day of October, 2017.

  
EILEEN SULLIVAN

STATE OF NEVADA        )  
                                  ) ss.  
CARSON CITY            )

On this 12th day of October, 2017, personally appeared before me, a Notary Public, EILEEN SULLIVAN, who acknowledged that she executed the within instrument.

  
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. 3973363

**CERTIFICATE OF DEATH**

2017016724  
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) <b>Timothy Sean SULLIVAN</b>			2. DATE OF DEATH (Mo/Day/Year) <b>August 18, 2017</b>		3a. COUNTY OF DEATH <b>Washoe</b>		
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) <b>Renown Regional Medical Center</b>		3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>		4. SEX <b>Male</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) <b>47</b>	7b. UNDER 1 YEAR MOS <b></b>	7c. UNDER 1 DAY HOURS <b></b>	7c. UNDER 1 DAY MINS <b></b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>September 25, 1969</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Eileen MCKEON</b>					
13. SOCIAL SECURITY NUMBER <b>██████████-4707</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Plumber</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Plumbing</b>		Ever in US Armed Forces? <b>No</b>	
15a. RESIDENCE - STATE <b>Nevada</b>	15b. COUNTY <b>Douglas</b>	15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	15d. STREET AND NUMBER <b>1308 Muir Dr</b>			15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Richard Thomas SULLIVAN</b>				17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Mariana Catherine NEAL</b>			
18a. INFORMANT - NAME (Type or Print) <b>Eileen SULLIVAN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1308 Muir Dr Gardnerville, Nevada 89460</b>					
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>La Palma Reno</b>		19c. LOCATION City or Town State <b>Reno Nevada</b>			
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICHARD T HEARN</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD228</b>	20c. NAME AND ADDRESS OF FACILITY <b>Nevada Funeral Services</b> <b>3094 Research Way #63 Carson City NV 89706</b>				
TRADE CALL - NAME AND ADDRESS							
To Be Completed by CERTIFYING PHYSICIAN	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>JEREMY M GONDA MD</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>September 06, 2017</b>		21c. HOUR OF DEATH <b>17:13</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>Jeremy M Gonda MD 236 W Sixth St Reno, NV 89503</b>					23b. LICENSE NUMBER <b>14342</b>	
24a. REGISTRAR (Signature) <b>CARMEN M MENDOZA</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 07, 2017</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).)						Interval between onset and death	
PART I (a) <b>Intracranial Hemorrhage</b>						Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Thrombocytopenia</b>						Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Alcoholic Liver Disease</b>						Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (d) <b>Chronic Alcoholism</b>						Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Hypertension</b>					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

000689451



CERTIFIED COPY OF VITAL RECORDS

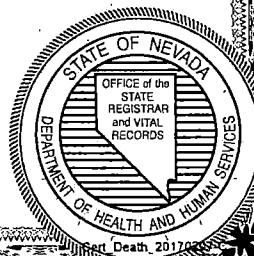
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

9/11/2017

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

*[Signature]*  
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE