

Assessor's Parcel Number: 1220-03-210-050
RECORDING REQUESTED)
AND RETURN TO:)
Sandy G. Smith)
1347 Scarlet Oak Dr.)
Gardnerville, NV 89410)
)
MAIL TAX STATEMENTS TO:)
Sandy G. Smith)
1347 Scarlet Oak Dr.)
Gardnerville, NV 89410)
-----)



KAREN ELLISON, RECORDER

(SPACE ABOVE THIS LINE FOR RECORDER'S USE)

AFFIDAVIT OF DEATH OF JOINT TENANT

SANDY G. SMITH, being duly sworn, deposes and says that she was the wife of Randy L. Smith, the Decedent in the attached certified copy of the Certificate of Death; that the Decedent is the same person as Randy L. Smith, named as one of the parties in that certain Grant, Bargain and Sale Deed dated May 20, 2011, executed by Michael A. Bermudez and Michelle Ann Bermudez, husband and wife, to Randy L. Smith and Sandy G. Smith, husband and wife, as joint tenants with right of survivorship, recorded as Document No. 784009 in the Official Records of Douglas County, Nevada, on May 31, 2011; and that she is the party named Sandy G. Smith in the certain Grant, Bargain and Sale Deed dated May 20, 2011, and recorded on May 31, 2011, as Document No. 784009 in the Official Records of Douglas County, Nevada.

The property subject to the above listed deed is more particularly described as:

BEING A PORTION OF NORTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 3, TOWNSHIP 12 NORTH, RANGE 20 EAST FURTHER DESCRIBED AS:

LOT 30, BLOCK F, AS SET FORTH ON THE FINAL SUBDIVISION MAP LDA 01-047, PLANNED UNIT DEVELOPMENT FOR ARBOR GARDENS, PHASE 1 FILED FOR RECORD IN THE OFFICE OF COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON OCTOBER 18, 2002 BOOK 1002, PAGE 8115 AS DOCUMENT NO. 555262, AND BY CERTIFICATE OF AMENDMENT RECORDED FEBRUARY 20, 2003 IN BOOK 0203, AT PAGE 7818 AS DOCUMENT NO. 567590 AND FURTHER BY CERTIFICATE OF AMENDMENT RECORDED SEPTEMBER 29, 2004 IN BOOK 0904, PAGE 11209, DOCUMENT NO. 625221

TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

As recited in the attached Certificate, Randy L. Smith died on November 17, 2017 in Douglas County.

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING DOES NOT CONTAIN A SOCIAL SECURITY NUMBER.

Sandy G. Smith
Sandy G. Smith

01/24/18
Date

State of Nevada)
) ss.
County of Douglas)

On this 24 day of Jan, in the year 2018, before me, Geri Carlson,
Notary Public, personally appeared Sandy G. Smith personally known to me or proved to me on
the basis of satisfactory evidence to be the person whose name is subscribed to this instrument,
and acknowledged that he executed it.

Geri Carlson
NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

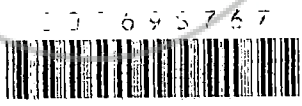
CASE FILE NO. 3989181

CERTIFICATE OF DEATH

2017021866
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Randy Lee SMITH		2. DATE OF DEATH (Mo/Day/Year) November 17, 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 or Inpatient)(Specify) 1347 Scarlet Oak Dr Home		4. SEX Male	
	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 63	
DECEDENT	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) August 02, 1954	
	9a. STATE OF BIRTH (If not US/CA, name country) Oregon		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) Sandra SANDEN			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER 1872		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Food	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
	15d. STREET AND NUMBER 1347 Scarlet Oak Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) Edward F SMITH			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Bernice J TRAMEL		
	18a. INFORMANT - NAME (Type or Print) Shayna SMITH			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1347 Scarlet Oak Dr Gardnerville, Nevada 89410		
DISPOSITION	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	
	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	
TRADE CALL	TRADE CALL - NAME AND ADDRESS					
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED REED DOPP 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) November 21, 2017		21c. HOUR OF DEATH 23:29		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) Reed Dopp MD 907 Mountain Street Carson City, NV 89703			23b. LICENSE NUMBER 13920		
REGISTRAR	24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 27, 2017		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
	PART I (a) Terminal Complications Of Malignant, Metastatic Diffuse Large B Cell Lymphoma DUE TO, OR AS A CONSEQUENCE OF:				Months	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST	(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.				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						
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



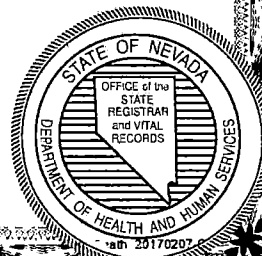
CERTIFIED COPY OF VITAL RECORDS

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: **12/4/2017**

[Signature]
STATE REGISTRAR
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