

Recording Requested By:  
Tyler H. Fair  
3141 US Hwy. 50, Ste. B-1  
South Lake Tahoe, California  
96150

DOUGLAS COUNTY, NV 2018-911521  
Rec:\$35.00  
Total:\$35.00 03/14/2018 10:34 AM  
RICHARD & JEANNE DELALLO Pgs=3

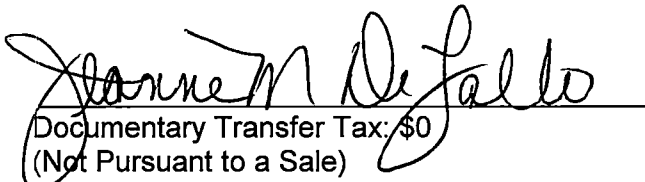


KAREN ELLISON, RECORDER

When Recorded Mail To:  
Mail Tax Statements To:  
Richard A. DeLallo  
Jeanne M. DeLallo  
2877 Mac Drive  
Minden, Nevada  
89423

AFFIDAVIT-DEATH OF JOINT TENANT

APN: 1420-07-818-015

  
Documentary Transfer Tax: \$0  
(Not Pursuant to a Sale)  
JEANNE M. DELALLO

  
RICHARD A. DELALLO

JEANNE M. DELALLO and RICHARD A. DELALLO, being of legal age, being first duly sworn, deposed and say:

LAURANCE W. VAUGHN, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as LAURANCE W. VAUGHN, named as a joint tenant in that certain grant deed executed by LAURANCE W. VAUGHN on December 8<sup>th</sup>, 2011, recorded on February 16<sup>th</sup>, 2018, as document number 2018-910471, records of Douglas County, Nevada, covering real property in Douglas County, State of Nevada, more particularly described as:

Lot 12 in Block A of Impala Mobile Homes Estates Unit No. Two, according to the map thereof, filed in the office of the County Recorder of Douglas County, Nevada, on April 7, 1982, Page 366, as File No. 66654, Official Records; Assessor's Parcel No. 13-281-12

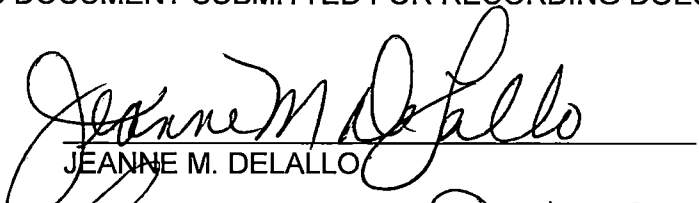
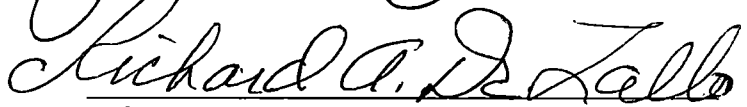
Together with all tenements, hereditaments appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

APN: 1420-07-818-015

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

Dated: 2-27-18

Dated: 2-27-18

  
JEANNE M. DELALLO  
  
RICHARD A. DELALLO

**ACKNOWLEDGMENT**

*A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.*

State of: Nevada )  
County of: Douglas )

On February 27, 2018, before me, LISA WOODSTOCK, notary public, personally appeared RICHARD A. DeLALLO and JEANNE M. DeLALLO, who proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Lisa Woodstock  
(Notary Signature) 2/27/18 (Seal)

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4004632

**CERTIFICATE OF DEATH**

2018003215  
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>Laurance W VAUGHN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 14, 2018</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Inpatient)(Specify) <b>Carson Tahoe Regional Medical Center 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>93</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Washington</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
13. SOCIAL SECURITY NUMBER <b>3074</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Casino</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Carson City</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
15d. STREET AND NUMBER <b>956 Lehigh Cir</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		15f. Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Clayton VAUGHN</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Laura LOVELL</b>		
18a. INFORMANT- NAME (Type or Print) <b>Jeanne DELALLO</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2877 Mac Drive Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CHRISTIE D WILDE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD917</b>		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701</b>	
20a. SIGNATURE AUTHENTICATED					
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) <b>AMANDA M GRIFFITH DO</b>			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>February 19, 2018</b>		21c. HOUR OF DEATH <b>13:50</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)		22c. HOUR OF DEATH	
22d. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Amanda M Griffith DO 1600 Medical Pkwy Carson City, NV 89703</b>			
23b. LICENSE NUMBER <b>DO1685</b>		24a. REGISTRAR (Signature) <b>MELISSA KNIGHT</b>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 20, 2018</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
24b. SIGNATURE AUTHENTICATED		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I			
(a) <b>Cardiopulmonary Arrest</b>		Interval between onset and death			
(b) <b>Chronic Gastrointestinal Hemorrhage</b>		Interval between onset and death			
(c) <b>Acute Renal Failure</b>		Interval between onset and death			
(d) <b>Hypertension</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 1. <b>Hypothyroidism; Hyperlipidemia; Glaucoma; Unknown Etiology</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</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



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: **FEB 21 2018**

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a

