

APN: 1320-29-214-016

When Recorded Mail to:

Robert David Mark
1097 Alyssum Court
Minden, NV 89423

Mail Tax Statements to:

Robert David Mark
1097 Alyssum Court
Minden, NV 89423



00072141201809131800050052

KAREN ELLISON, RECORDER

SPACE ABOVE RESERVED FOR RECORDER'S USE

Pursuant to NRS 239B.030, I, the undersigned, affirm that this document submitted for recording does not contain the social security number of any person or persons.

AFFIDAVIT OF DEATH OF JOINT TENANT

State of NEVADA)
 : ss.
County of DOUGLAS)

Comes now, Robert David Mark, aka Robert D. Mark affiant herein, being of lawful age and sound mind and having been duly sworn upon his oath, states:

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 1097 Alyssum Court, Minden, NV 89423, was conveyed by Leslie Sanford-Chambers, an unmarried woman, to Robert D. Mark and Sheila M. Mark, husband and wife as joint tenants, by that certain Grant, Bargain, Sale Deed recorded on 24 September 2003 as Document No. 0591103 in Book 0903 at Page 13464 of the Official Records in the Office of the County Recorder of Douglas County, in and for the State of Nevada, (the "Deed").

3. Shelia M. Mark died on November 10, 2017. A certified copy of Shelia M. Mark's death certificate is attached hereto and incorporated herein by reference as *Exhibit "B."*

4. I am Shelia M. Mark's surviving joint tenant referred to as Grantee in the Deed.

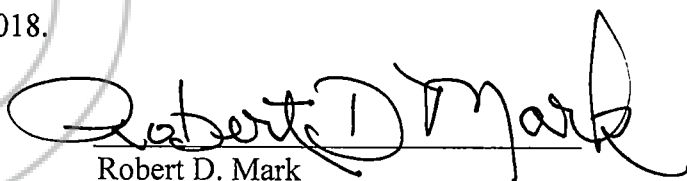
5. The real property commonly known as 1097 Alyssum Court, Minden, NV 89423, which is the subject of the Deed is located in the County of Douglas, State of Nevada, and is more particularly described in Exhibit "A," attached hereto and made a part thereof.

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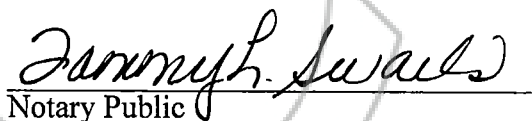
Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or anywise appertaining.

Pursuant to NRS §111.312, this legal description was previously recorded on 24 September 2003 as Document No. 0591103 in Book 0903 at Page 13464, in the Official Records of Douglas County.

DATED this 19th day of April 2018.


Robert D. Mark

SUBSCRIBED and SWORN to before me
this 19th day of April, 2018.


Notary Public

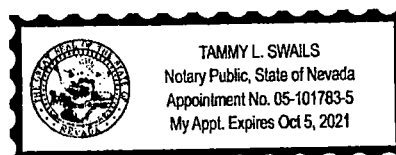


EXHIBIT "A"
LEGAL DESCRIPTION

Parcel 1:

Lot 26, as shown on the Official Plat of WINHAVEN, UNIT NO. 2, PHASE B, filed for record in the Office of the County Recorder, recorded September 14, 1990, in Book 990 of Official Records, at Page 1935, Douglas County, Nevada, as Document No. 234655.

Assessor's Parcel No. 1320-29-214-016

Parcel 2:

A non-exclusive easement for use, enjoyment, ingress and egress over the common area as set forth in Declaration of Covenants Conditions and Restrictions recorded September 28, 1990, in Book 990, Page 4348, as Document No. 235644, Official Records.

Exhibit "B"

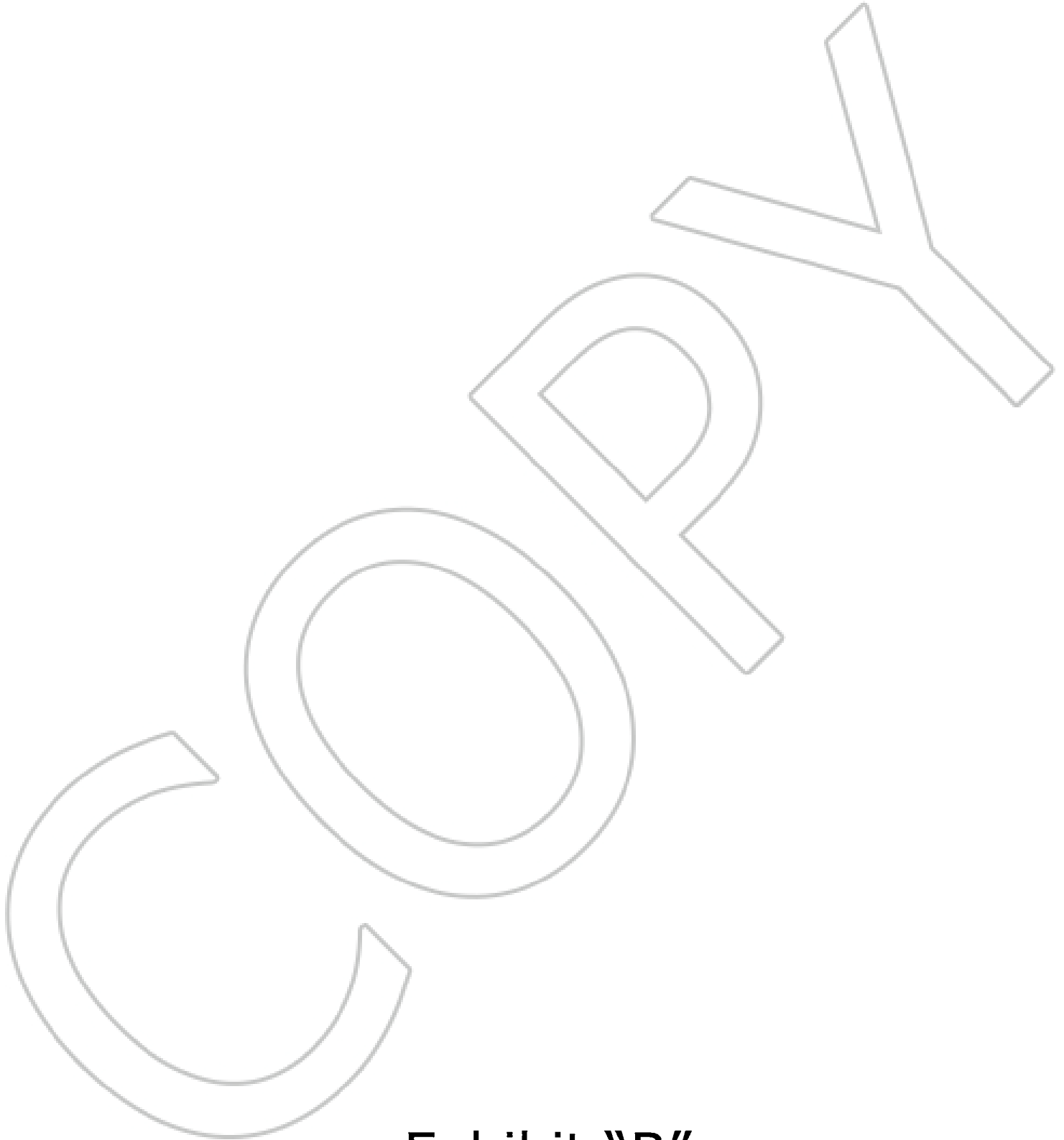


Exhibit "B"

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3987850

2017021059
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) Sheila Margaret MARK		2. DATE OF DEATH (Mo/Day/Year) November 10, 2017		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and city) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 66	
5. RACE (Specify) White		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) March 29, 1951		9a. STATE OF BIRTH (If not US/CA, name country) Scotland		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 25		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Robert David MARK	
13. SOCIAL SECURITY NUMBER ██████████ 6230		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Teacher		14b. KIND OF BUSINESS OR INDUSTRY Education	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1097 Alyssum Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Donald C DAVIDSON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Agnes Helen MACKAY		
18a. INFORMANT- NAME (Type or Print) Robert David MARK			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1097 Alyssum Court Minden, Nevada 89423		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
20d. 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) RICARDO ALMAGUER 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 14, 2017			21c. HOUR OF DEATH 20:34		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b. DATE SIGNED (Mo/Day/Yr)		
			22c. HOUR OF DEATH		
			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) Ricardo Almaguer MD 1600 Medical Parkway Carson City, NV 89703					23b. LICENSE NUMBER 925
24a. REGISTRAR (Signature) BLAISE SATARIANO			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 14, 2017		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
24d. SIGNATURE AUTHENTICATED					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					Interval between onset and death
(a) Cardiopulmonary Arrest					
DUE TO, OR AS A CONSEQUENCE OF					Interval between onset and death
(b) Sepsis					
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(c) Hypertension					
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(d) Adult Failure To Thrive					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Debility, Diabetes, Anxiety, Dyslipidemia, Unknown Etiology					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

VRS-Rev-20120523a



CERTIFIED COPY OF VITAL RECORDS

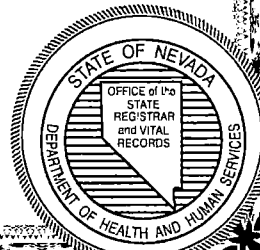
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

NOV 16 2017

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

[Signature]
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE