

APN# : 1022-16-001-011

Recording Requested By:

Western Title Company

When Recorded Mail To:

Diane M. Malone

6839 Whitmore Dr NW

Gig Harbor, WA. 98335

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature

Dana Von Stetina

Dana Von Stetina

Escrow Officer

Diane M Malone

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT - DEATH OF JOINT TENANT

Diane M. Malone, of legal age, being first duly sworn, deposes and says:
/errill/ /Jr./

That Ralph M. Malone, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Ralph M. Malone named as one of the parties in that certain Joint Tenancy Deed dated 7/27/1995 executed by Joe F. Scalise, an unmarried man to Ralph M. Malone and Diane M. Malone, husband and wife as joint tenants with right of survivorship and not as tenants in common as joint tenants, recorded as instrument No. 366986, on 7/28/1995, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 19, in Block S, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 4, filed in the office of the County Recorder of Douglas County, Nevada, on November 16, 1970, in Book 1 of Maps, Page 224, as Document No. 50212.
APN: 1022-16-001-011

Dated 10.12.18

Diane M. Malone
Diane M. Malone
Surviving Joint Tenant

STATE OF ~~NEVADA~~ ^{Washington})SS

COUNTY OF Pierce

This instrument was acknowledged before me on June 12, 2018

by Diane M. Malone.

Ashley Schultz

Notary Public

Notary Public
State of Washington
ASHLEY SCHULTZ
MY COMMISSION EXPIRES
APRIL 1, 2019

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

2010018581
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Ralph Merrill MALONE JR		2. DATE OF DEATH (Mo/Day/Year) November 29, 2010		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION-Name (if not either, give street and number) Carson Valley Medical Center		3e. If Hosp. or Inst. Indicate DOA, OPI Emer. Rm. Inpatient (Specify) Inpatient	
DECEDENT	4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 76		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not U.S.A. name country) Massachusetts		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Diana ZAHNTER		13. SOCIAL SECURITY NUMBER 9860	
PARENTS	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Manager		14b. KIND OF BUSINESS OR INDUSTRY Shipping And Receiving		Ever in US Armed Forces? Yes	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
DISPOSITION	15d. STREET AND NUMBER 3636 Granite Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Ralph Merrill MALONE SR	
	17. MOTHER - NAME (First Middle Last Suffix) Cecilia MCDONALD		18a. INFORMANT - NAME (Type or Print) Diana MALONE		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 3636 Granite Way Wellington, Nevada 89444	
TRADE CALL	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) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
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) STEPHEN J HEWITT DO SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) December 07, 2010		21c. HOUR OF DEATH 13:12	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Hewitt, Stephen J		22a. DATE SIGNED (Mo/Day/Yr)		22b. HOUR OF DEATH	
REGISTRAR	22c. DATE SIGNED (Mo/Day/Yr)		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) Dr. Stephen J Hewitt DO 1090 3rd Street #1 South Lake Tahoe, CA 96150		23b. LICENSE NUMBER 1107		24a. REGISTRAR (Signature) JENELLE ENGLISH SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 13, 2010		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).)	
	PART I		(a) Cardiopulmonary Arrest		Interval between onset and death Minutes	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	(b) DUE TO, OR AS A CONSEQUENCE OF: Respiratory Failure				Interval between onset and death Days	
	(c) DUE TO, OR AS A CONSEQUENCE OF: Acute Myocardial Infarction				Interval between onset and death Days	
	(d) DUE TO, OR AS A CONSEQUENCE OF: Anoxic Brain Injury				Interval between onset and death Days	
	PART II		26. ACC. SUICIDE, HOA, UNDET. OR PENDING INVEST. (Specify)		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
28a. INJURY AT WORK (Specify Yes or No)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		
28d. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28e. LOCATION STREET OR R.F.D. No.		28f. CITY OR TOWN		
28g. LOCATION STATE		28h. LOCATION STATE		28i. LOCATION STATE		

STATE REGISTRAR

364315

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: 12/13/2010

Rod Whelan
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

VRS-Rev. 20120218

