DOUGLAS COUNTY, NV Rec:\$35.00 Total:\$35.00 2018-916654

07/12/2018 11:28 AM

JON MELHANEY

Pgs=7

| APN# 1121 - 35 - 001 - 010   |
|--|
| Recording Requested by/Mail to: 00076149201809166540070070   |
| Name: Ton MECHANEY KARENELLISON, RECORDER  |
| Address: 822 SPRING VALLEY DR.   |
| City/State/Zip: GARDNERLILLE NV 89460  |
| Mail Tax Statements to:  |
| Name:  |
| Address:   |
| City/State/Zip:  |
| Affidavit of DEATH   |
| Title of Document (required)   |
| (Only use if applicable)   |
| The undersigned hereby affirms that the document submitted for recording   |
| contains personal information as required by law: (check applicable)  Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5) |
| Judgment – NRS 17.150(4)   |
| Military Discharge NRS 419 020(2)  |
|  |
| Signature  |
| Son MECHANEY   |
| Printed Name   |
| This document is being (re-)recorded to correct document #, and is correcting  |
|  |

### Affidavit of Death

| STATE OF NE           |  |                           |  |
|-----------------------|--|---------------------------|--|
| COUNTY OF _()         | ou glas  |                           | ^  |
| I, Jon MELHI          | ANEY, residing at 822  | SPRING UNICET D           | R, GALDNERULLE,  |
| NEURDA                | 89410  | , being of legal a        | ge, depose and say that:   |
|                       |  |                           | _, \\  |
|                       | <del></del>  |                           |  |
| KOBIN LT              | INN ME-CHANEY ified copy of that Certification   | died on                   | 12-26-2016 as  |
| evidence by a cert    | ined copy of that Certification  | ate of Death, attached no | ereto;   |
| That I am the succ    | essor to the estate of the   | lescendant and to the de  | scendants interest in funds  |
|                       | stitutions and no other per  |                           | The state of the s |
| decedents in the de   | escribed property;   |                           |  |
| · 11                  |  |                           |  |
|                       | g is being or has been con<br>he descendant's estate.  | ducted in                 | for  |
| adillilistration of t | ne descendant's estate.  | . \                       |  |
| Oath of Affirmati     | ion:   |                           |  |
|                       |  |                           | /  |
|                       | alty of perjury under/(  |                           | law that I know the contents   |
| of this Affidavit si  | gned by me and that the s  | tatements are true and c  | correct.   |
|                       | 4  |                           |  |
|                       |  |                           |  |
| JON MELL              | AANEY  | 1 / /                     |  |
|                       | 5-30-18 Date   |                           | <u> </u>   |
| STATE OF              | d/assa.i   | COUNTY OF                 | De2  |
| STATE OF              | Nevada   | _, COUNTY OF              | Douglas, ss:   |
|                       |  |                           |  |
|                       |  | Be                        | in Carlson   |
|                       |  |                           | Notary Public  |
|                       |  |                           |  |
| 5011111111            | RICHTS STATE OF THE STATE OF TH | No                        | Title (and Rank)   |
|                       | GERI CARLSON & NOTARY PUBLIC   |                           | Title (and Rank)   |
| Ho 40 2720 E          | STATE OF NEVADA My Appt Exp. Oct. 2, 2018  |                           | Title (und Rulls)  |
| 8 No.10-3730-5        | Summen of the second   |                           |  |
| 1                     | / /  | My commissi               | ion expires $O(1 - 2 - 2n)$  |

**APN#:** 1121-35-001-010 **RPTT:** \$0.00 Exempt #5

Recording Requested By:
Western Title Company
Escrow No.: 084365-ARJ

When Recorded Mail To: Jon E. McElhaney Robin McElhaney 822 Spring Valley Drive Gardnerville, NV 89410

Mail Tax Statements to: (deeds only) Same as Above

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons.

(Per NRS 239B.030)

Signature

Michelle Simpson

Escrow Assistan

Simplifile.com 800.460.5657

Grant, Bargain, and Sale Deed

This page added to provide additional information required by NRS 111.312 (additional recording fee applies)

#### **GRANT, BARGAIN AND SALE DEED**

THIS INDENTURE WITNESSETH: That

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

David R. Suggs and Judy E. Suggs, husband and wife as joint tenants

do(es) hereby GRANT(s) BARGAIN SELL and CONVEY to

Jon E. McElhaney and Robin McElhaney, Husband and Wife as Joint Tenants, with Right of Survivorship

and to the heirs and assigns of such Grantee forever, all the following real property situated in the City of Gardnerville, County of Douglas State of Nevada bounded and described as follows:

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

Lot 13, as shown on the Plat of SPRING VALLEY RANCHOS SUBDIVISION, UNIT NO. 1, filed in the office of the County Recorder of Douglas County, State of Nevada, on December 6, 1967, as Document No. 39423 and Amended Map filed for record October 8, 1968, as Document No. 42547, Official Records of Douglas County, State of Nevada.

TOGETHER with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Dated: 11/23/2016

David R. Suggs 12-06-16

Audy & Daviga 12-06-16

STATE OF Melyaka California

COUNTY OF Society South Cruz

This instrument was acknowledged before me on

Notary Public

December 6th 2016

By David R. Suggs and Judy E. Suggs.

**Notary Public** See Attached

# CALIFORNIA ALL- PURPOSE CERTIFICATE OF 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 California  | }  |   |   | \ \  |
|--------------|--|--|---|---|--|
|              | County of Santa Cryz   | . }  |   |   | 7 /  |
|              | On December 6th 2016 before me, I  |  | (Uara inpact pages and titl   | 2 of the officer)   | ablic,   |
|              | personally appeared David Richard who proved to me on the basis of satisf name(s) is/are subscribed to the within he/she/they executed the same in his/h his/her/their signature(s) on the instrum which the person(s) acted, executed the | factory evider<br>instrument a<br>er/their author<br>ent the perso | nce to be the p<br>nd acknowled<br>orized capacity<br>on(s), or the e   | person(s) wh<br>lged to me th<br>y(ies), and th   | nat<br>nat by  |
|              | I certify under PENALTY OF PERJURY   | 796  | ws of the Sta   | te of Californ  | nia that   |
|              | the foregoing paragraph is true and cor  | rect.  |   |   | ^1   |
|              | WITNESS my Mand and official seal.  Notary Public Signature (No.   | otary Public Seal)   | O SA SA   | VID ALEXANDER GIBI<br>OIMM. # 210417<br>STARY PUBLIC - CALIFORN<br>ANTA CRUZ COUNT<br>M. EXPIRES MARCH 21, 20 | 74 Å<br>NIA Ø<br>TYO   |
|              | Notally Fubile Signature (No.  | Mary Public Seal)  |   |   |  |
| and the same | ADDITIONAL OPTIONAL INFORMAT   |  | TRUCTIONS FO  |   | IG THIS FORM parding notary wording and,   |
|              | DESCRIPTION OF THE ATTACHED DOCUMENT   | if needed, sho   | ould be completed and   | attached to the docu  | araing notary woraing ana,<br>iment. Acknowledgments<br>g sent to that state so long |
| /            | Grant Bargain and Sale Deed  | as the wording law.  | g does not require the  | California notary to  | violate California notary  |
|              | (Title or description of attached document)  | signer(s) per  | rsonally appeared befo  | re the notary public t  | County where the document for acknowledgment. ) personally appeared which            |
|              | (Title or description of attached document continued)  | must also be   | e the same date the ack   | nowledgment is com  | npleted.   |
| ĺ            | Number of Pages 2 Document Date 12/6/16  | commission • Print the na  | followed by a comma<br>ame(s) of document s                             | and then your title (   | t appears within his or her (notary public). nally appear at the time of             |
| 1            | CAPACITY CLAIMED BY THE SIGNER   | notarization Indicate the  |   | ural forms by crossi  | ing off incorrect forms (i.e.  |
|              | ☐ Individual (s)   |  | <ul> <li>is /are ) or circling the<br/>may lead to rejection</li> </ul> |   | ture to correctly indicate this  |
| 1            | ☐ Corporate Officer (Title)  | The notary<br>Impression   | seal impression mus<br>must not cover text or                           | t be clear and pho<br>r lines. If seal impre  | otographically reproducible ession smudges, re-seal if a acknowledgment form.        |
|              | ☐ Partner(s)   | Signature of   | f the notary public mu  | •   | are on file with the office of   |
|              | ☐ Attorney-in-Fact   | the county o   |   | s not required but  | could help to ensure this  |

Trustee(s)

2015 Version www.NotaryClasses.com 800-873-9865

corporate officer, indicate the title (i.e. ČEO, CFO, Secretary).

Securely attach this document to the signed document with a staple.

acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date. Indicate the capacity claimed by the signer. If the claimed capacity is a

#### STAVED DE GALD ORD BND (A

CERTIFICATION OF VITAL RECORD

## **COUNTY of FRESNO**

## DEPARTMENT OF PUBLIC HEALTH FRESNO, CALIFORNIA

| 3052016257900  |  | CERTIFICATE OF DEATH STATE OF CAUTERINA USE BLACK ORK ORLY IN BENGUISES, WORFOUTS OR ALTERATIONS   |  |   | 3201610007045  |                              |  |
|--|--|--|--|---|--|------------------------------|--|
| STATE FILE NUMBER  |  |  | 40-3 Million (200)   |   | LOCAL REGISTRATION NUMBER  |                              |  |
|  | 1, NAME OF DECEDENT-FIRST (Given) ROBIN  | 2, MIDDLE<br>LYNN  | MCE  | ELHANEY   |  | 1                            |  |
| NAL DA   | AKA, ALSO KNOWN AS —Include full AKA (FIRST, MIDDLE, LAS   | जा)  | 4. DATE OF BIRTH mm/dd/ccy<br>05/26/1970   | 46 Months   | Days Hours M   | inutes F                     |  |
| DECEDENT'S PERSONAL DATA   | 9. BIRTH STATE/FOREIGN COUNTRY  10. SOCIAL SECULARY  17.   | JRITY NUMBER 11. EVER IN U<br>762 ES   | X № UNK MARRIED  | SRDP* (at Tirm) of Death) 7. DATE OF 1<br>12/26/2 | 2016   | . HOUR (24 Hours)            |  |
| EDENT  | 13. EDUCATION - Highest Level/Degree 14/15. WAS DECEDENT HIS (see worksheet on back)  SOME COLLEGE YES   | PANIC/LATINO(A)/SPANISH? (II yes, s  | es worksheet on back)  16. DECEDENT'S RA  CAUCASIA   | CE – Up to 3 races may be listed (s<br>N          |  |                              |  |
| DEC  | 17, USUAL OCCUPATION - Type of work for most of Sie. DO NOT USE RETIRED  18, KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agence INSURANCE |  |  |   |  | ARS IN OCCUPATION            |  |
| IL<br>NCE  | 20. DECEDENT'S RESIDENCE (Street and number, or location) 822 SPRING VALLEY DR   |  |  |   | tanana and a salah | \                            |  |
| USUAL.<br>RESIDENCE  |  | 22, COUNTY/PROVINCE<br>DOUGLAS   | 89410  | 5 NV  | TE/FOREIGN COUNTRY   |                              |  |
| INFOR-   | 28, INFORMANT'S NAME, RELATIONSHIP JON MCELHANEY, HUSBAND  | LE, NV 89410   | _ \  |   |  |                              |  |
|  | 28, NAME OF SURVIVING SPOUSE/SRIDP"—FIRST<br>JON   | 29, MIDDLE   | 30, LAST (BIRTH<br>MCELHA  | 76.   |  |                              |  |
| SPOUSE/SRDP AND<br>ARENT INFORMATION   | 31, NAME OF FATHER/PARENT-FIRST DAVID  | R 32. MIDDLE   | SUGGS  |   | C  |                              |  |
| SPOUS  | 35, NAME OF MOTHER/PARENT-FIRST JUDY   | 36. MIDDLE   | 37, LAST (BIRTH<br>SHOGRE  |   | 38.<br>W   | A BIRTH STATE                |  |
| CTORY  | 01/06/2017 822 SPRING  | G VALLEY DR, GA  | E: JON MCELHANEY<br>RDNERVILLE, NV 89410   |   | <del></del>  |                              |  |
| FUNERAL DIRECTOR/<br>LOCAL REGISTRAR   | CR/TR/RES  | ▶ NOT  | IRE OF EMBALMED  |   |  | ISE NÚMBER                   |  |
| FUNER  | 44. NAME OF FUNERAL ESTABLISHMENT  PALM LA PAZ FUNERALS &  CREMATIONS  45. LUCENSE NUMBER  46. SIGNATURE OF COCAL REGISTRAR  FD801  KENNETH D BIRD, MD MPH                     |  | RD, MD MPH   | 01/0  | mm/dd/ccyy<br>4/2017   |                              |  |
| ۳.0  | INTERSTATE HIGHWAY   |  | 102. IF HOSPITAL SPECIF IP ER/OP   | Y ONE 103, IF OTHER THAN                          | HOSPITAL SPECIFY ON Nursing Der Home/LTC Ho  | ecedeni's X Other<br>me      |  |
| PLACE OF<br>DEATH  |  | DRESS OR LOCATION WHERE FOU<br>ATE 5, SOUTH OF   |  | 106.<br>M   | ENDOTA   |                              |  |
|  | as cardiac arrest, respu   | ratory arrest, or ventricular fibrillation wil   | us that directly caused death, DO NOT enter ton<br>thout showing the eliptogy. DO NOT ABBREVIATE   |   | et and Death X YES   |                              |  |
|  | (Final disease or condition resulting   BLUNT IMPACT   | ·  |  | (M)<br>(16) ;                                     | NS 16-12.2   | 258<br>Y PERFORMED?          |  |
| HT.  | Sequentially, list<br>conditions, if any,<br>leading to cause  | <u> </u>   | <del></del>  | <u>M1</u>   | NS YES   | S X NO                       |  |
| E OF DEATH   | UNDERLYING CAUSE (disease or   |  | <u>.</u>   | (07)  | X YES  | S NO                         |  |
| CAUS   | Initiated the events (D) resulting in death) LAST  112, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D   | SEATH BUT NOT RESULTING IN THE   | UNDERLYING CAUSE GIVEN IN 107  |   | X YES  |                              |  |
| and the same of th | NO<br>113, WAS OPERATION PERFORMED FOR ANY CONDITION IN  |  | / /  |   | 1124 15 55 44 5 50   | EGNANT IN LAST YEAR          |  |
|  | NONE  114.1 CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCUR.  | The same of the sa |  | 470 117   | YES X  | NO UNK                       |  |
| SICIAN'S   | AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED, Decedent Atlended Since Decedent Last Seen Aliva   |  |  |   | ,ENSE NOMBER 117,.D/   |                              |  |
| PHYSI  |  |  | ICIAN'S NAME, MAILÍNG ADDRESS, ZIP CÓD   |   |  |                              |  |
|  | 119, I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR MANNER OF DEATH Natural X Accident Hor  | R, DATE, AND PLACE STATED FROM THE Concide Suicide Investigation   | Could not be Vere  |   |  | 122. HOUR (24 Hours)<br>1052 |  |
| E ONLY   | 123. PLACE OF INJURY (e.g., home, construction site, wooder INTERSTATE HIGHWAY   | d area, etc.)  |  |   |  |                              |  |
| CORONER'S USE ONLY   | 124, DESCRIBE HOW INJURY OCCURRED (Events which resu<br>AUTO VS. AUTO  | / "  |  |   |  |                              |  |
| CORO   | 125. LOCATION OF INJURY (Street and number, or location, ar<br>INTERSTATE 5, SOUTH OF DER<br>MENDOTA, CA 93640   | nd cliy, and zip)<br>RRICK   |  |   |  |                              |  |
| - %  | LETICIA FUNDERBURK   | E CA   |  | E, TITLE OF CORONER / DEPUTY<br>FUNDERBURK, D     |  | R                            |  |
|  | ATE A B C  | D E  | THE PERIOD CONTRACTOR OF THE PERIOD CONTRACTOR | IIII III FAX A                                    | ÚTH.#  | CENSUS TRACT                 |  |

CERTIFIED COPY OF VITAL RECORDS STATE OF CALIFORNIA, COUNTY OF FRESNO

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Fresno Co. Department of Public Health.



KO Non

COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS
and and signature of Registrar.

TE ISSUED JAN 0 5 2017

unless prepared on engraved border displaying date, seal and signature of Registrar.



