

Document Transfer Tax \$ -0-
Assessor's Parcel No.: 1420-27-311-004



00078116201809183380030036

KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:

Noel L. Davidson
2860 Jackie Circle
Minden, NV 89423

MAIL TAX STATEMENTS TO:

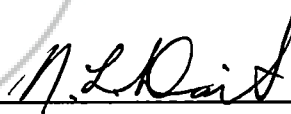
Same as above

AFFIDAVIT--DEATH OF JOINT TENANT

NOEL L. DAVIDSON, of legal age, being first duly sworn, deposes and says:

That DANELLE BLYTHE DAVIDSON, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as is named as one of the parties in that certain GRANT, BARGAIN AND SALE DEED dated July 23, 2002, executed by THEODORE GAINES, TRUSTEE OF THE THEODORE GAINES 1996 TRUST, DATED OCTOBER 21, 1996 to NOEL L. DAVIDSON AND DANELLE B. DAVIDSON, HUSBAND AND WIFE AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP, recorded on July 31, 2002, as Instrument Number 0548441 at Book 0702 Page 10562, of Official Records of Douglas County, Nevada, covering the described property situated in the Douglas County of, State of Nevada as follows:

Lot 4 as set forth on Final Subdivision Map LDA 99-052 of BUCKBRUSH ESTATES PHASE 2, filed in the Office of the County Recorder of Douglas County, State of Nevada on March 30, 2001, in Book 0301, Page 7896, as Document No. 511326.



NOEL L. DAVIDSON

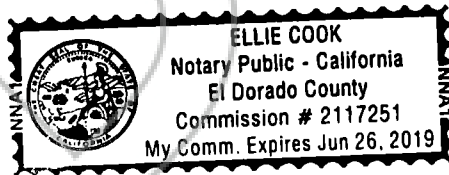
JURAT

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 EL DORADO)

SUBSCRIBED AND SWORN TO (or affirmed) before me on this 9 day of August 2018, by NOEL L. DAVIDSON proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Ellie Cook



AFFIDAVIT – DEATH OF JOINT TENANT
Assessor's Parcel No.: 1420-27-311-004

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4005600

CERTIFICATE OF DEATH

2018003766
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Danelle Blythe DAVIDSON		2. DATE OF DEATH (Mo/Day/Year) February 21, 2018		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 or 3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Carson Tahoe Regional Medical Center Inpatient		4. SEX Female	
DECEDENT	5. RACE (Specify) White		8. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 71	
	9a. STATE OF BIRTH (if not US/CA, name country) Ohio		9b. CITIZEN OF WHAT COUNTRY United States		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	10. EDUCATION 18		11. MARITAL STATUS (Specify) Married		7c. UNDER 1 DAY October 30, 1946	
	13. SOCIAL SECURITY NUMBER 2673		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Noel DAVIDSON	
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
	15d. STREET AND NUMBER 2860 Jackie Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? No	
DISPOSITION	16. FATHER/PARENT - NAME (First Middle Last Suffix) Adeline MARKOWITZ		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Abraham ROLNICK			
	18a. INFORMANT - NAME (Type or Print) Noel DAVIDSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2860 Jackie Circle Minden, Nevada 89423			
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) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
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 T HEWITT DO SIGNATURE AUTHENTICATED		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) February 26, 2018		21c. HOUR OF DEATH 13:35		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Stephen T Hewitt DO 1600 Medical Pkwy Carson City, NV 89703		23b. LICENSE NUMBER DO1107		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	24a. REGISTRAR (Signature) MELISSA KNIGHT SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 26, 2018		24d. DESCRIBE HOW INJURY OCCURRED	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART II		26. AUTOPSY (Specify Yes or No) No	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) Cardiopulmonary Arrest		(b) Acute Hypoxic Respiratory Failure		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
	(b) Acute Hypoxic Respiratory Failure		(c) Influenza		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	
(c) Influenza		(d) Hypokalemia		28b. DATE OF INJURY (Mo/Day/Yr)		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Chronic Dysphagia; Metastatic Lung Carcinoma; Hypertension; Hypothyroidism; Unknown Etiology		28c. HOUR OF INJURY		28d. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		
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: **FEB 28 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]

