

APN 1320-33-714-043

When Recorded, Mail to
Jennifer Yturbide, Esq
YTURBIDE LAW PC
1701 County Road, Suite M
Minden, NV 89423

Mail Tax Statements to
ELAINE M KYLE
1316 BROOKE WAY
GARDNERVILLE, NV 89410



KAREN ELLISON, RECORDER

SPACE ABOVE RESERVED FOR RECORDER'S USE

AFFIDAVIT OF DEATH (NRS §111.365)

STATE OF NEVADA)
) SS
COUNTY OF DOUGLAS)

I, ELAINE M KYLE, do hereby swear under penalty of perjury that the following assertions are true to the best of my knowledge and belief

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 1316 Brooke Way, Garnerville, NV 89410 was conveyed to MARK L KYLE and ELAINE M KYLE, husband and wife as community property with rights of survivorship in that certain Grant Deed recorded on September 23, 2010 as Document Number 0770985 in Book 0910 at Page 4768 of the Official Records in the Office of the County Recorder of Douglas County, in and for the State of Nevada

3 MARK L KYLE died on September 20, 2018 A certified copy of MARK L KYLE'S death certificate is attached hereto and incorporated herein by reference

4 I am the surviving spouse referred to in that certain Grant, Bargain, Sale Deed recorded on September 23, 2010 as Document Number Document Number 0770985 in Book 0910 at Page 4768 of the Official Records in the Office of the County Recorder of Douglas County, State of Nevada

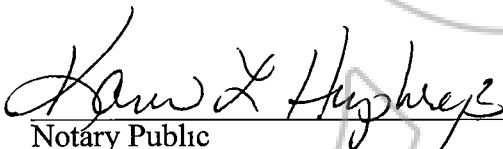
5 The real property commonly known as 1316 Brooke Way, Gardnerville, NV 89410 which is the subject of the above-described deed and joint tenancy is located in the County of Douglas, State of Nevada, and is more particularly described as follows

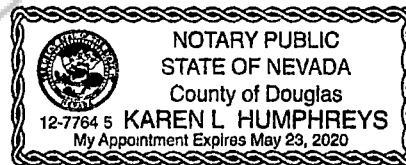
Lot 43, Block G, as set forth on FINAL SUBDIVISION MAP NO 1006-6 for CHICHESTER ESTATES, PHASE 6, filed in the office of the County Recorder of Douglas County, Nevada and recorded February 16, 2000 in Book 0200, Page 2552, as Document No 486411

DATED 14th of November 2018


ELAINE M. KYLE

SUBSCRIBED and SWORN to before me
this 14th day of November 2018


Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO 4041937

CERTIFICATE OF DEATH

2018018459
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) Mark L KYLE		2 DATE OF DEATH (Mo/Day/Year) September 20, 2018		3a COUNTY OF DEATH Washoe	
3b CITY TOWN OR LOCATION OF DEATH Reno		3c HOSPITAL OR OTHER INSTITUTION Name (If not either give street address) St Mary's Regional Medical Center		3e If Hosp or Inst indicate DOA OP/Emer Rm Inpatient (Specify) Inpatient	
4 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE Last birthday (Years) 64	
7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS		8 DATE OF BIRTH (Mo/Day/Yr) April 18 1954	
9a STATE OF BIRTH (If not US/CA name country) Minnesota		9b CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 14	
11 MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Elaine HILL		13 SOCIAL SECURITY NUMBER [REDACTED] 1984	
14a USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b KIND OF BUSINESS OR INDUSTRY Construction		Ever in US Armed Forces? No	
15a RESIDENCE STATE Nevada		15b COUNTY Douglas		15c CITY TOWN OR LOCATION Gardnerville	
15d STREET AND NUMBER 1316 Brooke Way		15e INSIDE CITY LIMITS (Specify res or No) No		16 FATHER/PARENT - NAME (First Middle Last Suffix) Trevor KYLE	
17 MOTHER/PARENT NAME (First Middle Last Suffix) Carol SWANSON		18a INFORMANT NAME (Type or Print) Elaine KYLE		18b MAILING ADDRESS (Street or RFD No City or Town State Zip) 1316 Brooke Way Gardnerville Nevada 89410	
19a BURIAL CREMATION REMOVAL OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c LOCATION City or Town State Carson City Nevada 89706	
20a FUNERAL DIRECTOR SIGNATURE (Or Person Acting as Such) JAMES P SMOLENSKI SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD928		20c NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
21a To the best of my knowledge death occurred at the time date and place and due to the cause(s) stated (Signature & Title) TANZEEL ISLAM MD 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) September 26 2018		21c HOUR OF DEATH 20 59		22b DATE SIGNED (Mo/Day/Yr)	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Tanzeel Islam MD 2001 Errecart Blvd Elko, NV 89801		23b LICENSE NUMBER 17314	
24a REGISTRAR (Signature) VICTORIA STEBBINS SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 26, 2018		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) Adenocarcinoma of Lung DUE TO OR AS A CONSEQUENCE OF (b) Acute Infarct In Left Temporal Region DUE TO OR AS A CONSEQUENCE OF (c) Pulmonary Embolism DUE TO OR AS A CONSEQUENCE OF (d) Splenic Infarct				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in Part I 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 OP 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 RFD No		CITY OR TOWN STATE	

STATE REGISTRAR

000738028



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 **SEP 27 2018**

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

Julie Katcheva
STATE REGISTRAR

