DOUGLAS COUNTY, NV

2018-923588

Rec \$35 00 Total \$35 00

12/13/2018 04 10 PM

JENNIFER YTURBIDE LAW PC

Pag=2

APN 1219-03-001-046

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

Mail Tax Statements to

CHRISTINA M REYNOLDS 237 PEACH COURT GARDNERVILLE, NV 89460

0009433	220480023	50000000	
0008423	320180923	5880030035	

KAREN ELLISON, RECORDER

SPACE ABOVE RESERVED FOR RECORDER'S USE

AFFIDAVIT OF DEATH (NRS §111.365)

STATE OF NEVADA)
) SS
COUNTY OF DOUGLAS)

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

- I am over 18 years of age, am of sound mind, and if called to testify would competently testify to the following
- The real property commonly known as 237 Peach Court, Gardnerville, NV 89460 was conveyed to DWIGHT A PRICE and CHRISTINA M REYNOLDS, husband and wife as Joint Tenants in that certain Grant, Bargain, Sale Deed recorded as Document Number 2014-851852 of the Official Records in the Office of the County Recorder of Douglas County, in and for the State of Nevada

- 3 DWIGHT A PRICE died on November 27, 2018 A certified copy of DWIGHT A PRICE'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 as Document Number 2014-851852, of the Official Records in the Office of the County Recorder of Douglas County, State of Nevada
- The real property commonly known as 237 Peach Court, Gardnerville, NV 89460 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

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

Parcel 2-C, of PARCEL MAP NO 3 for COLDWELL ITILDO INC, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on October 22, 1992, in Book 1092, Page 568, as Document No 289989, Official Records

TOGETHER with all tenements, hereditaments and appurtenances, of any, thereto belonging or appertaining, and any reversions, reminders, rents, issues or profits thereof

DATED Loth of December, 2018

CHRISTINA M REYNOLDS

SUBSCRIBED and SWORN to before me this /2 day of Seember, 2018

Notary Public



STAYED OF CALACTORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF MONO

BRIDGEPORT, CALIFORNIA

3052018238861		CERTIFICATE OF DEATH			3201826000048				
STATE FILE NUMBER 1 NAME OF DECEDENT—FIRST (Given)		CERTIFICATE OF DEATH STATE OF CALFORNIA USE BLACK VIK ONLY /N CERASLIES WHITEOUTS OR ALTERATIONS VS 11(AREV 3/08)			LOCAL REGISTRATION NUMBER				
S PERSONAL DATA	DWIGHT	2 MIDDLE ANTHONY		ST (Family) ICE					
	AKA ALSO KNOWN 4S - Include full AKA (FIRST MIDDLE, LAST)		12/06/1949	5 AGE Yrs FUN 68 Month	DER ONE YEAR II YOUR 4 HOUR	6 SEX			
	B BIRTH STATE/FO- ION COUNTRY TO SOCIAL SECURITY CA 3880	YES X NO				10UB (24 Hov. 742			
DECEDENT	13 EDUCATION - Highe Level/Degree 14/15 WAS DECEDENT HISPANICIATINOTALISPANISH? (i) y a year (validables) on back) (699 worldalise on back) BACHELOR YES WHITE								
DEC	17 USUNAL OCCUPATION - Type of work for most of tile DD NOT USE RETIRED 8 KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, road construction, simpleyment agency e 19 YEA S INDOCUPA								
	AGRICULTURAL SPECIALIST US GOVERNMENT 8 20 DECEDENT S RES DENCE (Street and number, or location)								
UAL SENCE	237 PEACH COURT	UNTYPBOVINCE	,			1			
USUAL RESIDENCI	GARDNERVILLE DO	UGLAS	89460		25 STATE/FOREIGN OUNTRY NV				
INFOR	27 INFORMANT'S MALE INC. ADDRESS (Street and number or rural (roule number of rural (roule								
	28 NAME OF SURVIVING SPOUSE/SRDP*-FIRSY CHRISTINA	29 MIDDLE MARIE	30 LAST (BIRT)	tion The					
	31 NAME OF FATHER PARENTAFIRST	32 MIDDLE	33 LAST			RTH STATE			
	35 NAME OF MOTHE VPARENT-FIRST	EDWARD	PRICE 37 LAST (BIRTS	H NAME)	DE 38 B	ATH STATE			
PAS E	JEANE ,	ANDREA MATAK			NY				
UNERAL DIRECTOR/ LOGAL REGISTRAR									
AL DIRI	4† TYPE OF DISPOSITION(S) CR/TR/RES	42 SIGNATURE OF EM ► NOT EMB	W. 194	///	43 LILENSE	NUMBER			
UNER	44 NAME OF FUNERAL ESTABLISHMENT BRUNE MORTUARY	45 TICENSENUMBEA	46 SIGNATURE OF LOCAL REG	STRAR	47 DATE me				
	101 PLACE OF DEATH	FD-192	SANURA PEAF		EGV@SJAR 11/29/	2018			
	HWY 395	OR LOCATION WHERE FOUND (S) most	P ERVOP		Nurşing Decede Home/TC Home	on X			
"I BRIDGEFORT									
1	IMMEDIATE CAUSE (A) ACLITE MYOCARDIAL	eases injunes a recorplications. I hat divi esc or ventricular formation without showing INTEARCTION	schy caused dualh DONOT epierter g ina etiology DO NOT ABBREVIATE	mingl events such	Onset and Death (AD.) Tuma interval Betwaten 1°8 DEATH REPORT X YES	TIED TO CORONE!			
	condition resulting			1	MINS 18-641-4				
x	Sequentially list conditions drany	SCLEROSIS	/ /	7	YEARS YES	FIFORMED?			
FDEAT	leading to cause on Line A Enter (1) UNDERLYING CAUSE (disease or				(CT) 10 AUTOPSY				
Si Si	Initiated the evenis resulting in death) LAST	·	-+-+	· · · · · · · · · · · · · · · · · · ·	(DT) YES	AVINING CAUSE			
8	112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B ATRIAL FIBRILLATION, PROSTATE	T NOT RESULTING IN THE UNDERLYIN	IG CAUSE GIVEN IN 107		res	NO NO			
		* **		·					
and the last	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN TIEM TO BRACHYTHERAPY, PERCUTANEOU	S CORONARY INTE	RVENTION, 06//:	2011	113A IF FEMAL* PREGN	ICI UNI			
ATION	114.1 CERTIFY THAT TOTHIC BEST OF MY KNOWLEDSE DEATH OCCURRED AT THE HOUR DATE AND FLACE STATED FROM THE CAUSES STATED Decedent Altended Sinco Decedent List Seen Alive	5 SIGNATURE AND TITLE OF CERTIFIE	B	1	16 LICENSE NUMBER 147 DATE	rnm/dd/ccyy			
PHYSICIAN S CERTIFICATION	Doord Carry	8 TYPE ATTENDING PHYSICIAN'S NAM	HE MAILING ADDRESS ZIP CODE	<u> </u>					
	119 I CERTIFY THAT IN FY OPIMON DEATH OCCURRED AT THE HOUR DAYE A MAKINER OF DEATH X (Matural Accident Homerile)	Cultinude Pentury	T Could not be		21 INJURY DATE mir del/coyy 122	HOUR (24 Hou			
ķ	123 PLACE OF INJURY (e.g., home construction site wooded area el	invesi gauch []	delerment YES	NO UNK		/-			
USE Q	104 DESCRIBERION IN THE CONTROL OF T								
CORONER S USE ONLY	124 DESCRIBE HOW INJURY OCCURRED (Events which resulted in ondry)								
CORO	125 LOCATION OF IKLARY (Street and number as recation and city and zip)								
126. SIGNATURE OF CURONER/DEPUTY CORONER PHILLIP WEST 127 DATE minimadicosy 128 TYPE NAME TITLE OF CORONER/DEPUTY CORONER 11/29/2018 PHILLIP WEST, CHIEF DEP CORONER 11/29/2018									
STATE A B C D E FAX AUTH N CENSUS TRACT									
910001004051550°									

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

This is a true and exact reproduction of the document officially registered

DATE ISSUED NOVEMBER 3018

SCB MUSIL

MONO COUNTY CERK RECORDER

porder, displaying the date seal and signature of the Recorder

0-20082*

RECOLUMN

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