

APN: 1220-16-610-041

This document contains a Social Security number pursuant to NRS 440.380.

When recorded, mail to:  
George M. Keele  
1692 County Road, #A  
Minden, NV 89423



KAREN ELLISON, RECORDER

**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF NEVADA         )  
                                     : ss.  
COUNTY OF DOUGLAS    )

I, LeROY JAMES PERRY, hereby swear (or affirm) under penalty of perjury, that the following assertions are true of my own personal knowledge:

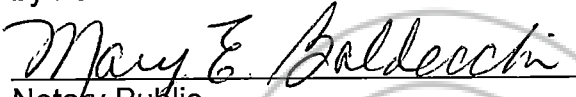
1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.
2. DARLENE CLAUDIA CLARKE PERRY, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DARLA C. PERRY, named as one of the grantees in that certain **Grant, Bargain, Sale Deed** executed by DARLA C. PERRY, who acquired title as DARLA C. LOPES, to LEROY JAMES PERRY and DARLA C. PERRY, Husband and Wife as Joint Tenants with right of survivorship, recorded on July 24, 1989, as Document No. 0207215, in Book 0789, Page 2573, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

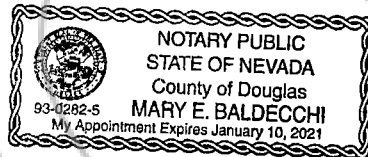
Lot 170, as said lot is shown on the official Plat of GARDNERVILLE RANCHOS UNIT NO. 2, filed in the office of the County Recorder of Douglas County, Nevada, on June 1, 1965, in Book 1 of Maps, filed as No. 28309, and Title Sheet Amended on June 4, 1965, as Filing No. 28377.

Per NRS 111.312, this legal description was previously recorded as Document No. 0207215, in Book 0789, Page 2573, on July 24, 1989.

  
LeROY JAMES PERRY

SIGNED AND SWORN TO (or affirmed)  
before me on October 24, 2018,  
by LeROY JAMES PERRY.

  
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. 3579488

**CERTIFICATE OF DEATH**

**2011001750**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Darlene Claudia Clarke PERRY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 04, 2011</b>		3a COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and Inpatient)(Specify) <b>1377 Jobs Peak Home</b>		4 SEX <b>Female</b>	
DECEDENT	5. RACE (Specify) <b>White</b>		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) <b>69</b>	
	7b UNDER 1 YEAR <b>MOS</b>		7c UNDER 1 DAY <b>DAYS</b>		8 DATE OF BIRTH (Mo/Day/Yr) <b>January 25, 1942</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b CITIZEN OF WHAT COUNTRY <b>United States</b>		10 EDUCATION <b>14</b>	
	11 MARITAL STATUS (Specify) <b>Married</b>		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Leroy James PERRY</b>			
PARENTS	13 SOCIAL SECURITY NUMBER <b>██████-1836</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>C.o. Tech/ Clerk</b>		14b KIND OF BUSINESS OR INDUSTRY <b>Phone Co./probation</b>	
	15a RESIDENCE - STATE <b>Nevada</b>		15b COUNTY <b>Douglas</b>		15c CITY, TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	15d STREET AND NUMBER <b>1377 Jobs Peak</b>		15e INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>James Kenneth CLARKE</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Florence STONE</b>		18a INFORMANT- NAME (Type or Print) <b>Leroy James PERRY</b>			
TRADE CALL	18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) <b>P.O. Box 242 Minden, Nevada 89423</b>				19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>	
	19b CEMETERY OR CREMATORY - NAME <b>Garden Cemetery</b>		19c LOCATION City or Town State <b>Gardnerville Nevada 89410</b>			
CERTIFIER	20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICK NOEL</b>		20b FUNERAL DIRECTOR LICENSE NUMBER <b>620</b>		20c NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b>	
	20d SIGNATURE AUTHENTICATED		20e ADDRESS OF FACILITY <b>1521 Church Street Gardnerville NV 89410</b>			
REGISTRAR	TRADE CALL - NAME AND ADDRESS					
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) <b>KAREN S MCDERMOTT MD</b>			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)		
CAUSE OF DEATH	21b DATE SIGNED (Mo/Day/Yr) <b>February 08, 2011</b>		21c HOUR OF DEATH <b>17:48</b>		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)	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Karen S McDermott MD 1625 E Prater Way #108 Sparks, NV 89434</b>				23b LICENSE NUMBER <b>6450</b>	
	24a REGISTRAR (Signature) <b>JENELLE ENGLISH</b>		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 11, 2011</b>		24c DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
STATE REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c) )				26 AUTOPSY (Specify Yes or No) <b>No</b>	
	PART I				27 WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
(a) <b>Uterine Cancer</b>				Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death		
(b)				Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death		
(c)				Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death		
(d)				Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1						
28a ACC., SUICIDE, HOM., UNDET OR 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 R F D No		CITY OR TOWN STATE		

STATE REGISTRAR



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.

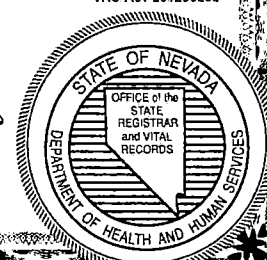
DATE ISSUED:

**SEP 24 2018**

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

*Julie Katchear*  
STATE REGISTRAR

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE