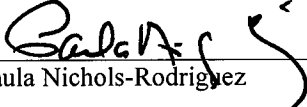


This document includes a certified death certificate as required by NRS 40.525(5) which contains a social security number as required by NRS 440.380(1)(a).



Paula Nichols-Rodriguez

APN: 1319-03-710-009

RECORDING REQUESTED BY:

Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

AFTER RECORDING MAIL TO:

Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

MAIL TAX STATEMENT TO:

BARBARA B. LITTLE and DENNIS ROBERT LITTLE, Trustees
BARBARA B. LITTLE TRUST
2469 Genoa Aspen Drive
Genoa, NV 89411

AFFIDAVIT OF DEATH OF JOINT TENANT

I, BARBARA B. LITTLE, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) That by Deed dated November 8, 2000, a joint tenancy was created between PAUL F. LITTLE and BARBARA B LITTLE, husband and wife as joint tenants with rights of survivorship, recorded as document number 0503592, on November 17, 2000, in the Official Records of Douglas County, Nevada.
- (2) That PAUL F. LITTLE deceased on November 20, 2018, in Douglas County, Nevada. A certified copy of the death certificate is attached hereto.
- (3) That I am the sole surviving joint tenant of PAUL F. LITTLE.

(4) That the property subject to joint tenancy is described in Exhibit "A" attached.

Executed on March 30, 2019 in Douglas County Nevada.

Barbara B. Little

BARBARA B. LITTLE

STATE OF NEVADA)
) ss:
COUNTY OF DOUGLAS)

Signed and sworn to (or affirmed) before me on March 30, 2019, by BARBARA B. LITTLE

Lauren Gregorek

Notary Public

LAUREN GREGOREK
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 15-1448-2 - Expires April 28, 2019

April 28, 2019

Exhibit "A"

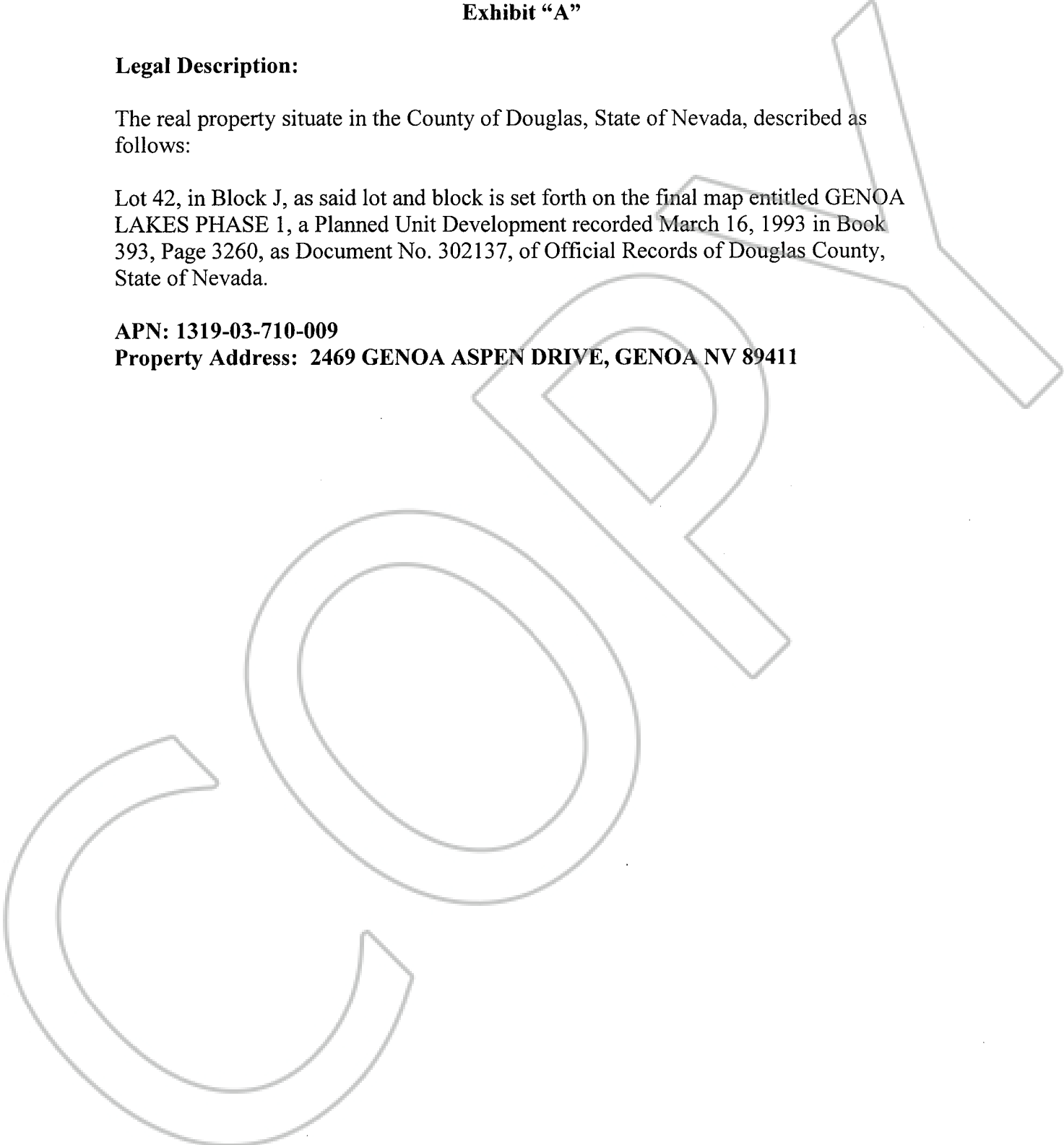
Legal Description:

The real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 42, in Block J, as said lot and block is set forth on the final map entitled GENOA LAKES PHASE 1, a Planned Unit Development recorded March 16, 1993 in Book 393, Page 3260, as Document No. 302137, of Official Records of Douglas County, State of Nevada.

APN: 1319-03-710-009

Property Address: 2469 GENOA ASPEN DRIVE, GENOA NV 89411



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

CASE FILE NO. 4052558

2018022632

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) Paul Farren LITTLE		2. DATE OF DEATH (Mo/Day/Year) November 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 and Renown South Meadows Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer: Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 96		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) August 10, 1922		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Barbara BACKSTRAND	
13. SOCIAL SECURITY NUMBER ██████████-4586		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Manager Of Gas Company		14b. KIND OF BUSINESS OR INDUSTRY Gas Company	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Genoa	
15d. STREET AND NUMBER 2469 Genoa Aspen Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert LITTLE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ruth FOUNTAIN		
18a. INFORMANT - NAME (Type or Print) Dennis LITTLE			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1161 County Club Dr Minden, Nevada 89423		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Mountain View Crematory		19c. LOCATION: City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) KENNETH COX		20b. FUNERAL DIRECTOR LICENSE NUMBER FD755		20c. NAME AND ADDRESS OF FACILITY Mountain View Mortuary PO Box 5158 Reno, NV 89513	
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) SIGNATURE AUTHENTICATED BRUCE W DENNEY MD			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) November 29, 2018		21c. HOUR OF DEATH 14:00		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Bruce W Denney MD, 236 West Sixth St Reno, NV 89503				23b. LICENSE NUMBER 10809	
24a. REGISTRAR (Signature) VICTORIA STEBBINS		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 29, 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) Severe Sepsis With Shock Interval between onset and death					
(b) Pneumonia Interval between onset and death					
(c) Unknown Etiology 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.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
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

000322772 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.

11/30/2018

SIGNATURE AUTHENTICATED

DEPUTY REGISTRAR

DATE ISSUED

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

