

RECORDING REQUESTED BY
JUDITH E. HIGGINS

AND WHEN RECORDED MAIL TO
ROLLSTON, HENDERSON & JOHNSON
Attorneys at Law
PO Box 4848
Stateline, NV 89449



KAREN ELLISON, RECORDER

Attn: MICHAEL P. HAMBSCH

Title Order No. n/a

Escrow No. n/a

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit - Death of Joint Tenant

STATE OF NEVADA
COUNTY OF Douglas

JUDITH E. HIGGINS, of legal age, being first duly sworn, deposes and says:

That DAVID HIGGINS, the decedent mentioned in the attached certified copy of Certificate of Death, was the same person as DAVID HIGGINS

named as one of the parties in that certain Grant, Bargain and Sale Deed dated August 31, 2017, executed by DAVID F. SOULAGES, Successor Co-Trustee of the Soulages Family Trust, date 4/7/2006.

to DAVID HIGGINS and JUDITH E. HIGGINS, husband and wife as joint tenants with right of survivorship, as joint tenants, recorded as Instrument No. 2017-904095, on 09/15/2017, in

Book 9, Page 0, of Official Records in the Office of the County Recorder of Douglas County, State of Nevada covering the following described property situated in the City of Carson City, County of Douglas,

State of Nevada: Lot F10, as shown on the Final Map #97-1007-6 of VALLEY VISTA ESTATES, PHASE 5, recorded in the Office of the Douglas County Recorder, State of Nevada, on September 24, 2001, in Book 901, at Page 5362, as Document No. 523333, Official Records.

Common address: 856 Meadow Vista Drive, Carson City, Nevada 89705.

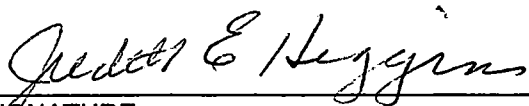
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

April 23, 2019

DATE

Stateline, Douglas County, Nevada

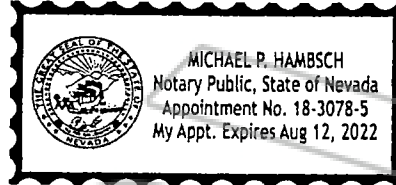
PLACE OF EXECUTION


SIGNATURE
JUDITH E. HIGGINS

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 NEVADA
COUNTY OF DOUGLAS

Subscribed and sworn to (or affirmed) before me on
this 23rd day of April, 2019,
by JUDITH E. HIGGINS,
proved to me on the basis of satisfactory evidence
to be the person(s) who appeared before me.



(seal) Signature *Michael P. Hambsch*

DRAFT

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4075919

CERTIFICATE OF DEATH

2019006941

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) David HIGGINS			2 DATE OF DEATH (Mo/Day/Year) April 07, 2019		3a COUNTY OF DEATH Esmeralda	
	3b CITY, TOWN, OR LOCATION OF DEATH Rural		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) NV S.R. 266 Mile Marker 24		3e If Hosp or Inst indicate DOA,OP/Emer Rm Inpatient(Specify) Rural		4 SEX Male
DECEDENT	5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	7a AGE-Last birthday (Years) 82	7b UNDER 1 YEAR MOS DAYS	7c UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) September 03, 1936
	9a STATE OF BIRTH (If not US/CA, name country) New Jersey		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) Judith JOHNSON	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13 SOCIAL SECURITY NUMBER [REDACTED] 1884		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) Sales		14b KIND OF BUSINESS OR INDUSTRY Optical coating		Ever in US Armed Forces? Yes
	15a RESIDENCE - STATE Nevada	15b COUNTY Carson City	15c. CITY, TOWN OR LOCATION Carson City	15d. STREET AND NUMBER 856 Meadow Vista Drive		15e INSIDE CITY LIMITS (Specify Yes or No) Yes	
PARENTS	16 FATHER/PARENT - NAME (First Middle Last Suffix) Edward HIGGINS			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Doris GAUDETTE			
	18a INFORMANT- NAME (Type or Print) Judith HIGGINS		18b MAILING ADDRESS (Street or R F D No City or Town, State, Zip) 856 Meadow Vista Drive Carson City, Nevada 89705				
DISPOSITION	19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c LOCATION City or Town State Sparks Nevada 89431		
	20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAY T GUNTER SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD18	20c. NAME AND ADDRESS OF FACILITY Gunter's Funeral Home PO BOX 1720 Hawthorne NV 89415			
TRADE CALL	TRADE CALL - NAME AND ADDRESS						
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) MATTHEW R KIRKLAND 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) MATTHEW R KIRKLAND SIGNATURE AUTHENTICATED			
	21b DATE SIGNED (Mo/Day/Yr) April 10, 2019		21c HOUR OF DEATH 11:21		22b DATE SIGNED (Mo/Day/Yr) April 07, 2019		22c HOUR OF DEATH 11:21
	21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr) April 07, 2019			
	21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21f HOUR OF DEATH		22e PRONOUNCED DEAD AT (Hour) 11:21		
REGISTRAR	23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Matthew R Kirkland 233 Crook Ave Goldfield, NV 89013			23b LICENSE NUMBER			
	24a REGISTRAR (Signature) ANGELICA RAMIREZ SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 10, 2019		24c DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CAUSE OF DEATH	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))						Interval between onset and death
	PART I (a) Blunt Force Trauma						0
	DUE TO, OR AS A CONSEQUENCE OF (b) Vehicle Crash						Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF (c)						Interval between onset and death
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQUENCE OF (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) Yes
	28a ACC., SUICIDE, HOM., UNDET OR PENDING INVEST (Specify) ACCIDENT	28b DATE OF INJURY (Mo/Day/Yr) April 07, 2019	28c HOUR OF INJURY 1121	28d DESCRIBE HOW INJURY OCCURRED Motorcycle Left Right Side Of Roadway And Motorcycle Hit A Ditch And Ejected Rider Off The Bike.			
	28e INJURY AT WORK (Specify Yes or No) No	28f PLACE OF INJURY- At home, farm, street, factory, office building, etc (Specify) Highway	28g LOCATION STREET OR R F D No CITY OR TOWN STATE SR 266 Mile Marker 24 Nevada				



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: 4/15/2019

Lucy Shugart
Interim Administrator
STATE REGISTRAR

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

