

APN: 1419-12-610-027
Return Recorded Document To:
KYLE A. WINTER, ESQ.
ALLISON MacKENZIE, LTD.
P.O. Box 646
Carson City, NV 89702



KAREN ELLISON, RECORDER

Affiant's Address/Mail Tax Statements To:
JANN YOUNG
3476 Indian Drive
Carson City, NV 89705

The person executing this document hereby affirms
that this document submitted for recording DOES
contain the social security number of a deceased person.

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
CARSON CITY)

JANN YOUNG, of 3476 Indian Drive, Carson City, Nevada 89705, being first
duly sworn, deposes and says:

1. That on March 22, 1988, ELTON CROWLEY and DALE CROWLEY,
acquired title as husband and wife, as joint tenants with right of survivorship to a parcel of real
property situated in Douglas County, State of Nevada, by that certain Grant, Bargain, Sale Deed
recorded on March 30, 1988, as Document Number 175336, in the office of the Douglas County
Recorder. Said real property is more particularly described as follows:

Lot 21, as shown on the map of VALLEY VIEW SUBDIVISION
NO. 2, filed in the office of the County Recorder of Douglas
County, Nevada, on April 6, 1964, in Book 23, page 187, as File
No. 24786.

2. That DALE CROWLEY died on November 11, 2009. A Certificate of Death of DALE CROWLEY is attached hereto.

3. That at the time of death of DALE CROWLEY, title to the above-referenced real property continued to be held by ELTON CROWLEY and DALE CROWLEY, husband and wife as joint tenants with right of survivorship.

4. That the undersigned, JANN YOUNG, is a daughter of ELTON CROWLEY and DALE CROWLEY.

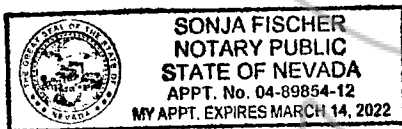
5. That this affidavit is executed pursuant to NRS 111.365.

DATED on JUNE 14, 2019.



JANN YOUNG

On June 14, 2019, personally appeared before me, a notary public, JANN YOUNG, personally known (or proved) to me to be the person whose name is subscribed to the foregoing Affidavit of Death of Joint Tenant, who acknowledged to me that she executed the foregoing document.





NOTARY PUBLIC

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2009016979

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) Dale Lang CROWLEY		2 DATE OF DEATH (Mo/Day/Year) November 11, 2009		3a COUNTY OF DEATH Carson City	
3b CITY, TOWN, OR LOCATION OF DEATH Carson City		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Evergreen at CC Health and Rehab Ctr		3e If Hosp or Inst indicate DOA,OP/Emer Rm. Inpatient(Specify) Inpatient	
4. SEX Female		7a AGE-Last birthday (Years) 84		7b UNDER 1 YEAR MOS DAYS	
5 RACE White (Specify)		6 Hispanic Origin? Specify No - Non-Hispanic		7c UNDER 1 DAY HOURS MINS	
8 DATE OF BIRTH (Mo/Day/Yr) December 19, 1924		9a STATE OF BIRTH (if not U S A, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 16		11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12 SURVIVING SPOUSE (if wife, give maiden name) Elton E CROWLEY	
13 SOCIAL SECURITY NUMBER 3696		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Registered Nurse		14b KIND OF BUSINESS OR INDUSTRY Doctor's Office	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Carson City	
15d STREET AND NUMBER 790 Pawnee St.		15e INSIDE CITY LIMITS (Specify Yes or No) No		16 FATHER/PARENT - NAME (First Middle Last Suffix) George A PARKER	
17 MOTHER/PARENT - NAME (First Middle Last Suffix) Edith LANG		18a INFORMANT- NAME (Type or Print) Elton E CROWLEY		18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 790 Pawnee St. Carson City, Nevada 89705	
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b CEMETERY OR CREMATORY - NAME Mountain View Cemetery		19c LOCATION City or Town State Oakland California 94611	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE 620		20c NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop Carson City NV 89706	
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) GAIL KRIVAN 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) November 17, 2009		21c HOUR OF DEATH 06:20		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) Gail Krivan MD 1001 N. Mountain St. Suite 1D Carson City, NV 89703		23b LICENSE NUMBER 9735	
24a REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 17, 2009		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) Acute Cardiopulmonary Arrest				Interval between onset and death	
(b) Acute Renal Failure				Interval between onset and death	
(c) Hypertension				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) Yes		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		28h 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:

JUL 09 2013

STATE REGISTRAR

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

3508742

