

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 Rodriguez

APN: 1121-05-510-008

RECORDING REQUESTED BY:

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

WHEN RECORDED MAIL TO:

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

MAIL TAX STATEMENTS TO:

April Stephens
971 Parkview Drive
Carson City, NV 89705

AFFIDAVIT OF DEATH OF JOINT TENANT

I, APRIL J. STEPHENS, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) That I am the sole surviving joint tenant with RICHARD A. PENMAN.
- (2) That by a Deed dated November 19, 2018, a joint tenancy was created between RANDALL W. STEPHENS and APRIL J. STEPHENS, husband wife as joint tenants, recorded as Document No. 2018-922773 on November 26, 2018, in the Official Records of Douglas County, Nevada.

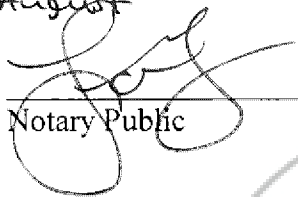
(3) That RANDALL W. STEPHENS died on May 31, 2008, in Gardnerville, Douglas County, Nevada. A certified copy of the death certificate is attached hereto as Exhibit "B."

Executed on this 7 day of ~~June~~^{August}, 2019 in Carson City, Nevada.


APRIL J. STEPHENS

STATE OF NEVADA)
 ss:
COUNTY OF DOUGLAS)

SUBSCRIBED AND SWORN TO before me by APRIL J. STEPHENS this 7 day of ~~June~~^{August}, 2019.



Notary Public

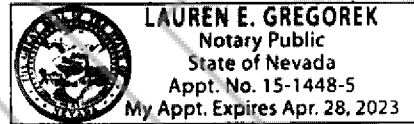


Exhibit "A"

Legal Description:

All right, title, and interest in that real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 32, as set forth on the Amended Record of Survey of PINEVIEW DEVELOPMENT, UNIT NO. 1, filed in the office of the Douglas County Recorder on April 6, 2000, in Book 0400, Page 926, File No. 489475; subject to that certain Declaration of Covenants, Conditions and Restrictions for Pine View filed in the office of the Douglas County Recorder on October 13, 1997, in Book 1097, Page 2388, File No. 0423883; EXCLUDING any and all water rights, including, but not limited to: applications and permits to change the place of diversion, manner of use or place of use of water; and, federal reserved water rights.

APN: 1121-05-510-008

Property Address: 232 Walker Street, Gardnerville NV 89410

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2008013612
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) Randall Warren STEPHENS		2. DATE OF DEATH (Mo/Day/Year) May 31, 2008		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 232 Walker Street		3e. If Hosp. or inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify)	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 50	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) December 27, 1957	
9a. STATE OF BIRTH (if not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) April BABCOCK			
13. SOCIAL SECURITY NUMBER ██████-2104		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Owner		14b. KIND OF BUSINESS OR INDUSTRY Drapery Business	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 232 Walker Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER - NAME (First Middle Last Suffix) Dale Francis STEPHENS			17. MOTHER - NAME (First Middle Last Suffix) Charlotte Sue SWANSON		
18a. INFORMANT- NAME (Type or Print) April STEPHENS		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 232 Walker Street Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
21. 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) GREG HUBBARD		21b. DATE SIGNED (Mo/Day/Yr) September 05, 2008		21c. HOUR OF DEATH 16:45	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) GREG HUBBARD		22b. DATE SIGNED (Mo/Day/Yr) September 05, 2008	
		22c. HOUR OF DEATH 16:45		22d. PRONOUNCED DEAD (Mo/Day/Yr) May 31, 2008	
		22e. PRONOUNCED DEAD AT (Hour) 16:45			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Greg Hubbard P.O. Box 218 Minden, NV 89423				23b. LICENSE NUMBER 262	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 11, 2008		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) Cardiomegaly				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II Arteriosclerotic Cardiovascular				26. AUTOPSY (Specify Yes or No) Yes	
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. CITY OR TOWN STATE	

STATE REGISTRAR



VRS-Rev-2008T

235241

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.

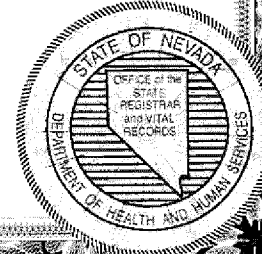
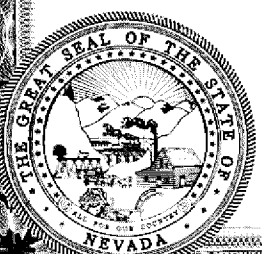
DATE ISSUED:

09/11/2008

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

PHS 01 (Rev) 11/06

Rand Warren
STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE