



KAREN ELLISON, RECORDER

APN No. 1319-03-710-015

Recording Requested By:

Edmund J. Gorman Jr.
Attorney at Law, Ltd.
335 W. First St.
Reno, NV 89503

And When Recorded Mail To:

David Mendonca, Trustee
PO Box 835
Genoa, NV 89411

Mail Tax Statements To:

David Mendonca, Trustee
PO Box 835
Genoa, NV 89411

Affidavit of Death of Spouse Holding Community Property With Right of Survivorship

I the undersigned hereby affirm that the attached document does contain the social security number of a person, as required by NRS 440.380

Signature

Attorney
Title

Edmund J. Gorman
Printed Name

**AFFIDAVIT OF DEATH OF SPOUSE HOLDING COMMUNITY PROPERTY WITH
RIGHT OF SURVIVORSHIP**

State of Nevada)
) ss.
County of Washoe)

Affiant, David A. Mendonca, being duly sworn, deposes and says:

1. That he is the surviving spouse of Millie R. Baxter-Mendonca, formerly of 2439 Genoa Aspen Dr., Genoa, Nevada;

2. That he and Mille R. Baxter-Mendonca were owners of a certain parcel of real property, conveyed to them as community property with right of survivorship by Page Ventures LLC, a Nevada limited liability company dba National real Estate Services, in a deed recorded November 16, 2009, as Document No. 753958, in the records of Douglas County, Nevada, covering the property commonly known as 2439 Genoa Aspen Drive, Genoa, Nevada with Assessor's Parcel No. 1419-710-015, and more particularly described as:

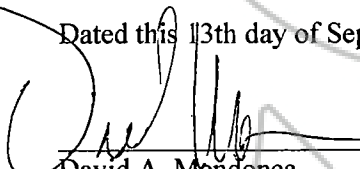
LOT 36 IN BLOCK H, AS SET FORTH ON THE FINAL MAP ENTITLED GENOA LAKES PHASE 1, A PLANNED UNIT DEVELOPMENT, RECORDED MARCH 16, 1993, IN BOOK 393 OF OFFICIAL RECORDS, AT PARGE 3260, DOUGLAS COUNTY, NEVADA AS DOCUMENT NO. 302137

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining

3. Millie R. Baxter-Mendonca passed away January 24, 2018 in Douglas County, Nevada.

Further, affiant sayeth naught.

Dated this 13th day of September, 2019.



David A. Mendonca

SUBSCRIBED AND SWORN TO before me, Michelle G. Dehls, a notary public, on the 13th day of September, 2019, by David A. Mendonca.



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. 4000640

CERTIFICATE OF DEATH

2018001578
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) Millie Ruth BAXTER-MENDONCA		2. DATE OF DEATH (Mo/Day/Year) January 24, 2018		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Genoa		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street an 2439 Genoa Aspen Drive		3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 69		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY	
8. DATE OF BIRTH (Mo/Day/Yr) May 02, 1948		9a. STATE OF BIRTH (If not US/CA, name country) Texas		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) David A MENDONCA	
13. SOCIAL SECURITY NUMBER 3802		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Registered Nurse		14b. KIND OF BUSINESS OR INDUSTRY Medical	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Genoa	
15d. STREET AND NUMBER 2439 Genoa Aspen Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Willis O BAXTER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Martha YOMANS		
18a. INFORMANT- NAME (Type or Print) David A MENDONCA		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2439 Genoa Aspen Drive Genoa, Nevada 89411			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD304		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
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) REED DOPP 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) January 26, 2018		21c. HOUR OF DEATH 02:16		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) Reed Dopp MD 907 Mountain Street Carson City, NV 89703			
23b. LICENSE NUMBER 13920		24a. REGISTRAR (Signature) MICHELLE L BLANCHFIELD SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 26, 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) Terminal Complications Of Malignant, Metastatic Ovarian Carcinoma DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					
26. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
28a. 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

2018001578



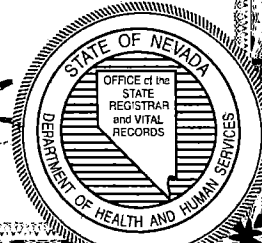
CERTIFIED COPY OF VITAL RECORDS

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: **JAN 31 2018**

STATE REGISTRAR

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



VRS-Rev-20120523a