

Assessor's Parcel Number: 1320-33-810-040



KAREN ELLISON, RECORDER

Recording Requested by:

**Nancy Rey Jackson Ltd.
1591 Mono Avenue
Minden, NV 89423**

Grantee's Address is &
Mail Tax Statements to:

**Billie Lovelady
1340 E Marion Russell Dr
Gardnerville, NV 89410**

BL I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

_____ I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law.

(State specific law):

NRS 440.090 Requisites of certificates.

NRS 440.380(1)(a) Medical certificate of death: Signature; contents

NRS 40.525(5) Death certificate attached to affidavit

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
)
COUNTY OF DOUGLAS)

BILLIE LOVELADY, of legal age, being duly sworn, deposes and says:

1. That RITA LOVELADY, the decedent mentioned in the attached certified copy of Certificate of Death, was, until her death, and is the same person as RITA LOVELADY, named as one of the parties in that certain deed by and between RITA LOVELADY and BILLIE LOVELADY, husband and wife as joint tenants, and recorded on December 16, 1996, in Book 1296 at Page 2664 as Document No. 403058 of Official Records of Douglas County, State of Nevada, being Assessor's Parcel Number 1320-33-810-040, concerning the real property located at 1340 E. Marion Russell Drive, Gardnerville, Nevada, and specifically described as follows:

Lot 91, Block J, as set forth on Final Subdivision Map FSM-1006 of CHICHESTER ESTATES Phase 1, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 12, 1995, in Book 995, at Page 1407, as Document No. 370215.

PURSUANT TO NRS 111.312, THE ABOVE LEGAL DESCRIPTION IS THE SAME PROPERTY CONVEYED IN THE DEED RECORDED ON DECEMBER 16, 1996, AS INSTRUMENT NO. 403058, IN BOOK 1296, AT PAGE 2664.

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2. That this affidavit is executed and recorded for the purposes of terminating the interest of said RITA LOVELADY in and to the real property described herein.

Dated this 26 day of AUG., 2019.

Billie Lovelady
BILLIE LOVELADY

STATE OF NEVADA)
)
COUNTY OF DOUGLAS)

On this 26th day of August, 2019, personally appeared before me, a Notary Public, BILLIE LOVELADY, personally known or proved to me to be the person whose name is subscribed to the above instrument and who acknowledged that he executed the above instrument.

Nancy Rey Jackson
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. 3998917

CERTIFICATE OF DEATH

2018000725
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) Rita LOVELADY		2. DATE OF DEATH (Mo/Day/Year) January 11, 2018		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) 1340 E. Marion Russell Dr		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) 82		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 25, 1935		9a. STATE OF BIRTH (If not US/CA, name country) Idaho		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) Billie D LOVELADY	
13. SOCIAL SECURITY NUMBER 2152		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Teachers Aide		14b. KIND OF BUSINESS OR INDUSTRY School District	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1340 E. Marion Russell Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Cahill STEELSMITH			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Leslie GLOVER		
18a. INFORMANT - NAME (Type or Print) Bill LOVELADY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1340 E. Marion Russell Dr Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Garden Cemetery		19c. LOCATION City or Town State Gardnerville Nevada 89410	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CRAIG R COLEMAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD921		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) NITA SCHWARTZ MD SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) January 17, 2018		21c. HOUR OF DEATH 09:11			
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)					
22b. DATE SIGNED (Mo/Day/Yr)		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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) MELISSA KNIGHT SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 17, 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				Interval between onset and death	
(a) End Stage Renal Disease					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Unknown Etiology					
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)					
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, HGM., 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



CERTIFIED COPY OF VITAL RECORDS

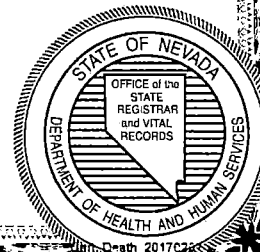
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

1/18/2018

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

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED



[ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE]