

APN: 1420-18-110-004



KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:

Douglas Mac Donald
812 Amador Ct
Carson City, NV 89705

MAIL TAX NOTICES TO:

Douglas Mac Donald
812 Amador Ct
Carson City, NV 89705

AFFIDAVIT OF DEATH OF JOINT TENANT

I, Doug Mac Donald, being first duly sworn, deposes and says:

That Janet Mac Donald, the decedent mentioned in the attached certified copy of the Certificate of Death is the same person named as Janet Mac Donald, named as one of the parties in that certain deed dated July 31, 2001, and executed by Syncon Homes, a Nevada Corporation, known as "Grantor" to Douglas Mac Donald and Janet Mac Donald, husband and wife as joint tenants, known as "Grantees", recorded on July 31, 2001 as Document Number 0519655, of the Official Records of Douglas County, Nevada, covering the real property known as 812 Amador Ct, Carson City, NV 89705, and as described as follows:

The land referred to herein is situated in the State of Nevada, County of DOUGLAS, described as follows:

Lot 26, Block D, as set forth on Final Map No. 1011-2B entitled VALLEY VISTA ESTATES 2, PHASE 2B, filed for record in the office of the Douglas County Recorder on December 15, 2000, Book 1200, Page 3005, Document No. 505139, Official Records.

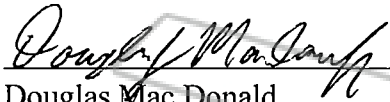
Together with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining and any reversions, remainders, rents, issues or profits thereof.

Pursuant to NRS 440.380, the attached certified Death Certificate contains the social security number of the Decedent.

Per NRS 111.312, this legal description was previously recorded on July 31, 2001, as Document No. 0519655

I declare under penalty of perjury, that the foregoing is true and correct.

Dated this 31 day of October, 2019.



Douglas Mac Donald

STATE OF NEVADA)
 :SS
CARSON CITY)

SUBSCRIBED and SWORN to before me this 31 day of October 2019, by DOUGLAS MAC DONALD proved to me on the basis of satisfactory evidence to the person who appeared before me.





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. 3794917

CERTIFICATE OF DEATH

2014016252
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Janet MACDONALD		2. DATE OF DEATH (Mo/Day/Year) September 30, 2014		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 address number) Carson Tahoe Regional Medical Center		3e. If Hosp or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Inpatient	
DECEDENT	5. RACE (Specify) Black		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 49	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) March 17, 1965	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Germany		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) Douglas J MACDONALD JR			
PARENTS	13. SOCIAL SECURITY NUMBER 5949		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY OWN HOME	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
DISPOSITION	15d. STREET AND NUMBER 812 Amador Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Burnell JOHNSON SR	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Maggie MENZIES		18a. INFORMANT- NAME (Type or Print) Douglas James MACDONALD JR			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 812 Amador Ct, Carson City, Nevada 89705				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			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI		20b. FUNERAL DIRECTOR LICENSE NUMBER 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenry's Funeral Home 3945 Fairview Dr Carson City NV 89701	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) VIJAY MAIYA MD		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) October 08, 2014		21c. HOUR OF DEATH 08:45		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	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) Vijay Maiya MD 1600 Medical Parkway Carson City, NV 89703			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER 11909		24a. REGISTRAR (Signature) NICOLE SHORE		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 08, 2014	
	24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
PART I		(a) Cardiopulmonary Arrest		Interval between onset and death		
		DUE TO, OR AS A CONSEQUENCE OF: (b) Bilateral Pneumonia		Interval between onset and death		
		DUE TO, OR AS A CONSEQUENCE OF: (c) Advanced Parkinsons Disease		Interval between onset and death		
		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)		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		28h. STREET OR R.F.D. No. CITY OR TOWN STATE		

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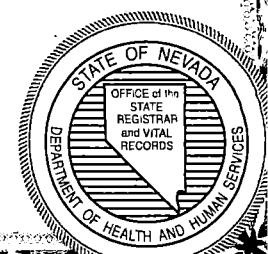
CERTIFIED COPY OF VITAL RECORDS

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: **8/5/2019**

[Signature]
AdministratoR REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE