

APN#: 1320-36-002-041

**Recording Requested By:**

eTRCo, LLC.

**When Recorded Mail To:**

Pat A. Gray

43051 15th Street W Rm 225

Lancaster, CA 93534

**Mail Tax Statements to: (deeds only)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature \_\_\_\_\_

*Laeha Hill*  
Laeha Hill

*[Signature]*  
Escrow Assistant

**Affidavit Death of Joint Tenant**

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

**AFFIDAVIT - DEATH OF JOINT TENANT**

Pat A. Gray, of legal age, being first duly sworn, deposes and says:

That Larry R. Gray, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Larry R. Gray named as one of the parties in that certain Grant, Bargain and Sale Deed dated 1/27/2003 executed by Larry R. Gray and Pat A. Gray, Trustee or Their Successors in Trust under the "Gray Living Trust" Dated March 4, 2002 to Larry R. Gray and Pat A. Gray, Husband and Wife as Joint Tenants as joint tenants, recorded as instrument No. 565882, on 1/31/2003, in Book0103, Page 14126, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 9, in Block B, as shown on the map of WILDFLOWER RIDGE SUBDIVISION, UNIT NO. 1, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 4, 1991, in book 691, Page 338, as Document No. 252076.

Dated 11-1-19

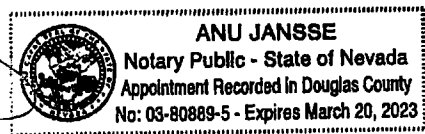
Pat A. Gray  
Pat A. Gray, Surviving Joint Tenant

STATE OF NEVADA }SS  
COUNTY OF DOUGLAS

This instrument was acknowledged before me on  
11/1/19

by Pat A. Gray.

[Signature]  
Notary Public



**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
VITAL STATISTICS**

CASE FILE NO. 4093811

**CERTIFICATE OF DEATH**

2019015108  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Larry Ronnie GRAY</b>			2. DATE OF DEATH (Mo/Day/Year) <b>July 22, 2019</b>		3a. COUNTY OF DEATH <b>Douglas</b>		
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or number) <b>Residence</b>		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Home</b>		4. SEX <b>Male</b>	
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>80</b>		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
	7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) <b>August 07, 1938</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSES NAME (Last name prior to first marriage) <b>Pat A HAMILTON</b>	
	13. SOCIAL SECURITY NUMBER <b>8706</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Office Manager</b>			14b. KIND OF BUSINESS OR INDUSTRY <b>TELEPHONE COMPANY</b>		Ever in US Armed Forces? <b>Yes</b>
PARENTS	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>		15d. STREET AND NUMBER <b>Residence</b>	
	15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Lowell Franklin GRAY</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Helen Elizabeth STUART</b>		
DISPOSITION	18a. INFORMANT - NAME (Type or Print) <b>Pat A GRAY</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1412 Rabbit Brush Trail Gardnerville, Nevada 89410</b>				
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>		19c. LOCATION City or Town State <b>Sparks Nevada 89431</b>			
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>ANDREW W JOYCE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD936</b>		20c. NAME AND ADDRESS OF FACILITY <b>Nevada Funeral Services</b> <b>3094 Research Way #63 Carson City NV 89706</b>			
	TRADE CALL - NAME AND ADDRESS							
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>REED DOPF MD</b> 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) <b>July 26, 2019</b>		21c. HOUR OF DEATH <b>07:10</b>		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) <b>Reed Dopf MD 907 Mountain Street Carson City, NV 89703</b>			23b. LICENSE NUMBER <b>13920</b>				
REGISTRAR	24a. REGISTRAR (Signature) <b>ANGELICA RAMIREZ</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 01, 2019</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death	
	PART I							
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) <b>Cardiac Arrest</b>						Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
	(b) <b>Chronic Systolic Congestive Heart Failure</b>						Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(c) <b>Ischemic Cardiomyopathy</b>						Years		
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death		
(d) <b>Atherosclerotic Cardiovascular Disease</b>						Years		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I						26. AUTOPSY: (Specify Yes or No) <b>No</b>	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
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				

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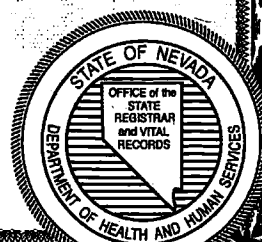
CERTIFIED COPY OF VITAL RECORDS

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: **8/2/2019**

*Angela Ramirez*  
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