This document does not contain a social security number.

Natalia K. Vander Laan, Esq.

A.P.N.: 21-061-040

Recording Requested By:	)
Natalia K. Vander Laan, Esq.	)
1624 10 <sup>th</sup> St, Suite 3	)
Minden, NV 89423	)
·	)
When Recorded Mail to:	)
Natalia K. Vander Laan, Esq.	)
1624 10 <sup>th</sup> St, Suite 3	)
Minden, NV 89423	)
	)
Mail Tax Statements to:	)
Troy Martin	)
1312 Saratoga Street	)
Minden, NV 89423	)

DOUGLAS COUNTY, NV	
Rec:\$35.00	

Total:\$35.00
VANDER LAAN LAW FIRM

2019-938985 12/02/2019 03:39 PM

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KAREN ELLISON, RECORDER

# AFFIDAVIT – DEATH OF JOINT TENANT

I, TROY LEE MARTIN, also known as Troy L. Martin, of legal age, being first duly sworn, declare under penalty of perjury that:

MICHELLE SARAH MARTIN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MICHELLE S. MARTIN named as one of the parties (transferees), together with TROY L. MARTIN, in that certain deed dated January 10, 2000, recorded on January 12, 2000, as Document No. 0484328, in Book 0100, Page 1830, of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

See Exhibit "A"

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

MICHELLE SARAH MARTIN, the deceased joint tenant, died on September 27, 2019, as shown in the attached certified copy of Certificate of Death.

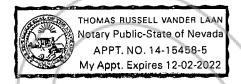
The Affiant, TROY LEE MARTIN, is the Husband of the deceased joint tenant t.

Executed on this 26th day of November, 2019, in Douglas County, State of Nevada.

Troy Lee Martin

STATE OF NEVADA ) : ss COUNTY OF Douglas )

Signed and sworn to (or affirmed) before me on this 26<sup>th</sup> day of November, 2019, by TROY LEE MARTIN.



NOTARY PUBLIC

This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

# EXHIBIT "A" ATTACHED TO GRANT DEED, DO-991191-RT

## EXHIBIT "A"

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

A parcel of land, located in the Northwest quarter of the Southeast quarter of Section 28, Township 14 North, Range 20 East, M.D.B. & M., Douglas County, Nevada, more particularly described as follows:

COMMENCING at the center of said Section 28, proceed South 0°08' West 981.87 feet, along the quarter section line, which is also the centerline of Vicky Lane, an 80 foot County Road, to a point; thence North 89°54' East 414.12 feet to the TRUE POINT OF BEGINNING, which is the Northwest corner of the parcel; continue thence North 89°54' East, 123.94 feet to the Northeast corner of the parcel; thence South 0°08' West 339.69 feet, to the Southeast corner of the parcel; thence South 89°54' West 123.94 feet, along the Northerly right-of-way line of Saratoga Drive, to the Southwest corner of the parcel; thence North 0°08' East, 339.69 feet, to the TRUE POINT OF BEGINNING.

RESERVING THEREFROM the North 32 feet for utility purposes.

Per NRS 111.312, this legal description was previously recorded at Document No 0484328, Bask 0100, Page 1830, on January 12, 2000

REQUESTED BY
Northern Nevada Title Company
IN OFFICIAL RECORDS OF

IN OFFICIAL RECORDS OF DOUGLAS CO., HEYADA

2000 JAN 12 PM 3: 21

LINDA SLATER
RECORDER
PAID DEPUT

0484328 BKO100PG1831

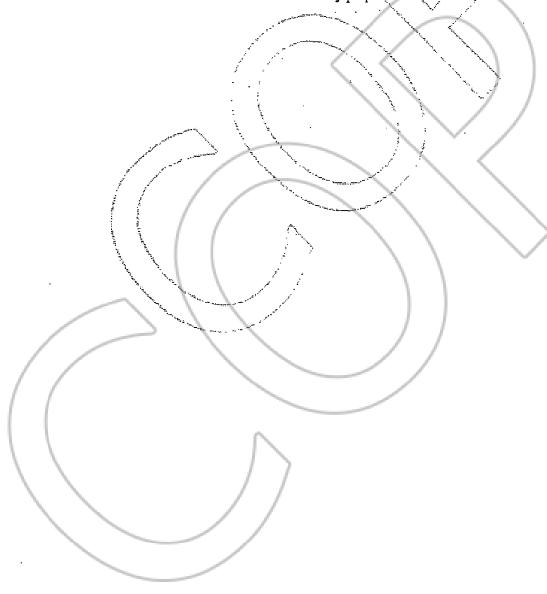
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RESERVING THEREFROM the North 32 feet for utility purposes.





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

**VITAL STATISTICS** 

CASE F	ILE NO. 4105670	C	ERTIFICATE	OF DEATH		201901	
TYPE OR. PRINT IN	1a DECEASED-NAME (FIRST,MII				2. DATE OF DEATH (Mo/Da	STATE FILE	NUMBER DUNTY OF DEATH
PERMANENT	Michelle		MARTI	• •	September 27, 20	019	Carson City
	3b. CITY, TOWN, OR LOCATION (	OF DEATH   3c. HOSPITAL O	R OTHER INSTITUTION	I -Name(If not either, giv	e street ar 3e if Hosp or Inst	indicate DOA, OP/E	mer Rm. 4. SEX
DECEDENT	Carson City	Car	son Tahoe Region		Inpatient(Specify)	Inpatient	Female
	6. RACE (Specify)  6 Hispanic Origin? Specify No - Non-Hispanic (Years)  White  6 Hispanic Origin? Specify No - Non-Hispanic (Years)  7a AGE-Last birthday 7b, UNDER 1 YEAR 7c UNDER 1 DAY HOURS MINS September 27.						
IF DEATH OCCURRED IN INSTITUTION SEE	9a STATE OF BIRTH (If not US/CA name country) Georgia	A, 95 CITIZEN OF WHAT United Sta	T COUNTRY 10 EDUCA	TION 11 MARITAL STATE Marrie	IS (Specify) 12. SURVIVING S ed	Troy MA	name poor to first marriage)
HANDBOOK REGARDING COMPLETION OF RESIDENCE	13. SOCIAL SECURITY NUMBER -2949		TION (Give Kind of Work HOMEMAKE)		146 KIND OF BUSINESS HO		Ever in US Armed Forces? No
ITEMS		b COUNTY	15c. CITY, TOWN OR I		REET AND NUMBER		15e INSIDE CITY LIMITS (Specify Yes
$\longrightarrow$	Nevada   16. FATHER/PARENT - NAME (Fir	Douglas -	Minder Minder		Saratoga Street		or No) Yes
PARENTS		uglas DONALDSON	1	17 MOTHER/F	ARENT - NAME (First Midd Arelyne A	DERNATHY	
	18a INFORMANT- NAME (Type or		18b MAILING AD	DRESS (Street or R.	F.D No, City or Town, State,		
	Troy M.			1312 Sar	atoga Street Minden, I		
DISPOSITION	19a. BURIAL, CREMATION, REMO Cremation			ATORY - NAME O Cremation Service			or Town State Nevada 89701
	20a FUNERAL DIRECTOR - SIGNA	ATURE (Or Person Acting as E D WILDE	Such) 20b, FUNERA LICENSE NU		NE AND ADDRESS OF FACIL FitzHenry's Cars		
		RE AUTHENTICATED	FDS	76.	1637 Esmerelda		
TRADE CALL	TRADE CALL - NAME AND ADDRE						
CERTIFIER	to the cause(s) stated (Signal AM)	ANDA M GRIFFITH	TURE AUTHENTICAT	ED 2 at the time, o	basis of examination and/or invedate and place and due to the case StGNED (Mo/Day/Yr)	estigation, in my opini luse(s) stated. (Signa 22c. HOUR	ature & Title)
	October 01, 2019		09:24	Com			or beatti
	្នាញ (Type or Print)	3 PHYSICIAN IF OTHER THA	The state of the s	1°°	NOUNCED DEAD (Mo/Day/Y	r) 22e. PRONC	DUNCED DEAD AT (Hour)
	23a NAME AND ADDRESS OF CE	RTIFIER (PHYSICIAN, ATTE landa M Griffith DO 1	NDING PHYSICIAN, ME	DICAL EXAMINER, OR	CORONER) (Type or Print)	23b LIC	ENSE NUMBER
REGISTRAR	24a. REGISTRAR (Signature)	ANGELICA RA		24b. DATE RECEIVE		DEATH DUE TO C	DO1685 COMMUNICABLE DISEASE
REGISTRAR		SIGNATURE AUTHEN	TICATED		ober 02, 2019	YES 🗌	NO X
CAUSE OF DEATH	25 IMMEDIATE CAUSE ( PART I (a) Cardiopulm	enter only one cause in nonary Arrest	PER LINE FOR (a), (b), A	AND (c).)		Interv	al between onset and death
CONDITIONS IF	DUE TO, OR AS A	A CONSEQUENCE OF:	<u> </u>			Interv	al between onset and death
ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE	DUE TO, OR AS A (c) Bacteremia	N. N.		77	**************************************	Interv	al between onset and death
UNDERLYING CAUSE LAST	(d) Gastro Inte	a consequence of estinal Ulcer Perfo	No.		-	Interv	ral between onset and death
//	hypoxemic respiratory faili	ONDITIONS-Conditions control ure, Large ventral hermat Unk	known Etiology		-	26 AUTOPSY (Sp Yes or No) No	REFERRED TO CORONER (Specify Yes or No)
/ /	28a. ACC., SUICIDE, HOM., UNDET OR PENDING INVEST. (Specify)	86 DATE OF INJURY (Mo/Day/Yr)	28c. HOUR OF INJ	URY 28d DESCRIBE	HOW INJURY OCCURRED		

000789281

DATE ISSUED:

CERTIFIED COPY OF VITAL RECORDS

28g LOCATION

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. 10/2/2019

28f. PLACE OF INJURY- At home, farm, street, factory, office

Administrator

STREET OR R.F.D. No.

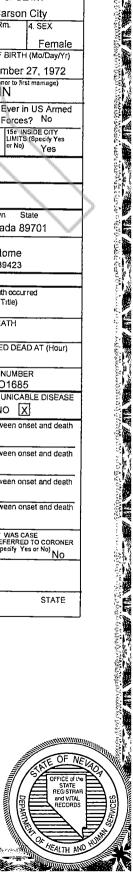
CITY OR TOWN

STATE REGISTRAR



28e. INJURY AT WORK (Specify

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



STATE