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Natalia K. Vander Laan, Esq.

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



KAREN ELLISON, RECORDER

**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 )

**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.



**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  $0^{\circ}08'$  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  $89^{\circ}54'$  East 414.12 feet to the TRUE POINT OF BEGINNING, which is the Northwest corner of the parcel; continue thence North  $89^{\circ}54'$  East, 123.94 feet to the Northeast corner of the parcel; thence South  $0^{\circ}08'$  West 339.69 feet, to the Southeast corner of the parcel; thence South  $89^{\circ}54'$  West 123.94 feet, along the Northerly right-of-way line of Saratoga Drive, to the Southwest corner of the parcel; thence North  $0^{\circ}08'$  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, Book 0100, Page 1830, on January 12, 2000.

REQUESTED BY  
Northern Nevada Title Company  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2000 JAN 12 PM 3:21

LINDA SLATER  
RECORDER

PAID DEPUTY

0484328

BK0100PG1831

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**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4105670

**CERTIFICATE OF DEATH**

2019019302  
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) <b>Michelle Sarah MARTIN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>September 27, 2019</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp or Inst indicate DOA,OP/Emer Rm. Inpatient(Specify) <b>Inpatient</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>47</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Georgia</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>16</b>	
11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Troy MARTIN</b>			
13. SOCIAL SECURITY NUMBER <b>2949</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>1312 Saratoga Street</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Douglas DONALDSON</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Arelyne ABERNATHY</b>		
18a. INFORMANT- NAME (Type or Print) <b>Troy MARTIN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1312 Saratoga Street Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Autumn Cremation Services</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CHRISTIE D WILDE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD917</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home 1637 Esmeralda Place Minden NV 89423</b>	
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) <b>AMANDA M GRIFFITH DO</b>			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>October 01, 2019</b>		21c. HOUR OF DEATH <b>09:24</b>		22b. DATE SIGNED (Mo/Day/Yr)	
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>Amanda M Griffith DO 1600 Medical Pkwy Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>DO1685</b>	
24a. REGISTRAR (Signature) <b>ANGELICA RAMIREZ</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 02, 2019</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) <b>Cardiopulmonary Arrest</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Septic Shock</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Bacteremia</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) <b>Gastro Intestinal Ulcer Perforation</b>				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 <b>Hypoxemic respiratory failure, Large ventral hernia; Unknown Etiology</b>				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	

000789281



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.

10/2/2019

DATE ISSUED:

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

*Jan Shughart*  
**Administrator**

STATE REGISTRAR

