

APN: 1320-30-113-006

Recording Requested By:
Heritage Law Group, A Division of
Kalicki Collier, LLP
1625 Highway 88, Suite 304
Minden, Nevada 89423



KAREN ELLISON, RECORDER

Mail Future Tax Statements To:
Mrs. Sandra L. Mahon
1771 Shamrock Circle
Minden, Nevada 89423

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

SANDRA L. MAHON, being of legal age, and being of sound mind and body, hereby swears (or affirms) under penalty of perjury, that the following is true of her own personal knowledge:


That DAVID L. MAHON, the decedent mentioned in the certified copy of Certificate of Death issued by the State of Nevada attached hereto as Exhibit 1 and incorporated herein by reference, is the same person as DAVID L. MAHON, Grantee in that certain Grant, Bargain, Sale Deed dated September 27, 2016, and recorded on September 27, 2016, as Document No. 2016-888192 of Official Records of Douglas County, State of Nevada, which Grant, Bargain, Sale Deed pertains to property situated at 1771 Shamrock Circle, Minden, Douglas County, Nevada, and more precisely described as:

SEE LEGAL DESCRIPTION ATTACHED HERETO AS EXHIBIT "A"

Pursuant to NRS 111.312, the above legal description was previously recorded in Grant, Bargain, Sale Deed recorded as Document No. 2016-888195 of Official Records of Douglas County, State of Nevada, on September 27, 2016.

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Dated: December 23, 2019.



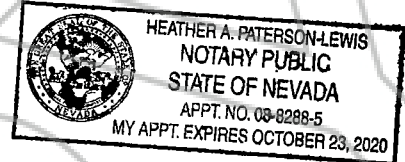
SANDRA L. MAHON, Surviving Grantee
and Surviving Joint Tenant

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On December 23, 2019, before me, HEATHER PATERSON-LEWIS, a notary public, personally appeared SANDRA L. MAHON, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that she executed it.

Heather Paterson-Lewis

Notary Public



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COPY

EXHIBIT 1

Certified Copy of Certificate of Death, State of Nevada, David L. Mahon, Deceased

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**EXHIBIT "A"
LEGAL DESCRIPTION**

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

Unit 6, as set forth on the map of WESTWOOD PARK UNIT 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on November 25, 1987 in Book 1187 at Page 3848 as Document No. 167352 and by Certificate of Amendment recorded May 5, 1988 in Book 588 at Page 536 as Document No. 177431 of Official Records of Douglas County, Nevada.

TOGETHER WITH an undivided 1/25th interest in and to the common area lying within the interior lines as set forth on the map of WESTWOOD PARK UNIT 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on November 25, 1987, in Book 1187 at Page 3848 as Document No. 167352, Official Records.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4116480

CERTIFICATE OF DEATH

2019023744
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) David Lamar MAHON		2. DATE OF DEATH (Mo/Day/Year) November 27, 2019		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer: Rm. Inpatient(Specify) Emergency Room / Outpatient	
DECEDENT	4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 81		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) December 24, 1938		9a. STATE OF BIRTH (if not US/CA, name country) South Carolina		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) Sandra Lee SCHUSTER	
PARENTS	13. SOCIAL SECURITY NUMBER 2127		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) ACCOUNTANT		14b. KIND OF BUSINESS OR INDUSTRY ACCOUNTING	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 1771 Shamrock Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles David MAHON	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Carrie Kathleen ROBERTSON		18a. INFORMANT- NAME (Type or Print) Sandra Lee MAHON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1771 Shamrock Circle Minden, Nevada 89423	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION, City or Town State Reno Nevada 89503	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R BEAULAC		20b. FUNERAL DIRECTOR LICENSE NUMBER FD870		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St, Suite 4-E Reno NV 89502	
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) Laura D Knight MD		21b. DATE SIGNED (Mo/Day/Yr) December 02, 2019		21c. HOUR OF DEATH 21:31	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Laura D Knight 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) Laura D Knight MD		22b. DATE SIGNED (Mo/Day/Yr) December 02, 2019	
REGISTRAR	22c. HOUR OF DEATH 21:31		22d. PRONOUNCED DEAD (Mo/Day/Yr) November 27, 2019		22e. PRONOUNCED DEAD AT (Hour) 21:31	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Laura D Knight MD 990 E Ninth St Reno, NV 89512		23b. LICENSE NUMBER 15930		24a. REGISTRAR (Signature) CARMEN M MENDOZA	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 05, 2019		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).) Complications Of Thoracic Spine Fracture	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Ground Level Fall		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr) November 27, 2019		28c. HOUR OF INJURY 1707	
	28d. DESCRIBE HOW INJURY OCCURRED Ground Level Fall		28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Residence	
28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 1771 Shamrock Circle Minden Nevada						

000362542 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.

DEPUTY REGISTRAR

DATE ISSUED: 12/6/2019 This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

Signature Authenticated

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

