



KAREN ELLISON, RECORDER

APN: 1318-10-310-035
RECORDING REQUESTED BY:
CHRIS MacKENZIE, ESQ.
ALLISON, MacKENZIE, LTD.
P.O. Box 646
Carson City, Nevada 89702

MAIL TAX STATEMENTS TO:
Mary C. Barry
2913 Alpine Creek Road
Reno, NV 89509

The party executing this document affirms that this document
DOES contain a social security number as required by law per
NRS 440.380(1)(a) and NRS 40.525 (5).

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
CARSON CITY)

MARY C. BARRY, of 2913 Alpine Creek Road, Reno, NV 89509, being first duly sworn,
deposes and says:

That DONALD J. CROSBY, the decedent mentioned in the attached certified copy of
Certificate of Death, is the same person as DONALD J. CROSBY, named as one of the parties in
that certain Deed recorded on June 16, 2003, as Document No. 0580182, executed by Donald J.
Crosby and Dorothy B. Crosby, Husband and Wife, and Mary C. Barry, Trustee of the Mary Barry
2000 Trust, which transferred the subject real property to by Donald J. Crosby and Dorothy B.
Crosby, and Mary C. Barry, all as joint tenants, recorded in the official records of Douglas County,
State of Nevada, covering the following described real property situated in the Douglas County,
State of Nevada:

ESCROW NO. : 030200647

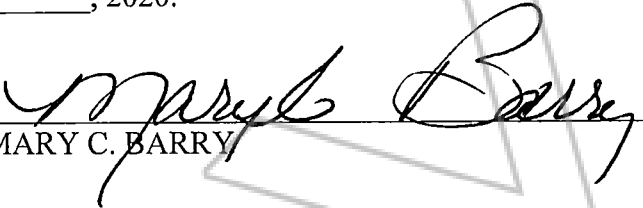
Parcel 1 as set forth on that certain Amended Record of Survey Map
for Donald J. Crosby, recorded in the Office of the Douglas County
Recorder, State of Nevada, on March 11, 1999 in Book 399, at Page
2703, as Document No. 463053, Official Records.

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(This legal description was previously recorded on June 16, 2003 in
the Official Records of Douglas County, State of Nevada Recorder's
Office as Document No. 0580182).

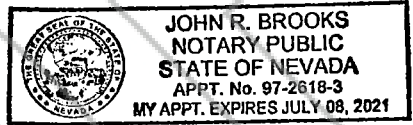
I certify under penalty of perjury under the laws of the State of Nevada that the following is true and correct.

Dated this 6 day of May, 2020.


MARY C. BARRY

On MAY 6TH, 2020, personally appeared before me, a notary public, MARY C. BARRY, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that she executed the foregoing instrument.


NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2012006363
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) Donald J CROSBY		2. DATE OF DEATH (Mo/Day/Year) April 23, 2012		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 and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) Inpatient	
4. SEX Male		7a. AGE-Last birthday (Years) 88		7b. UNDER 1 YEAR MOS DAYS	
5. RACE White (Specify)		8. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY HOURS MIN	
8. DATE OF BIRTH (Mo/Day/Yr) December 30, 1923		9a. STATE OF BIRTH (If not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Dorothy BARNUN	
13. SOCIAL SECURITY NUMBER 0009		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Deputy State Highway Engineer		14b. KIND OF BUSINESS OR INDUSTRY State Of Nevada	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 2118 Idaho St.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Dewey M CROSBY	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary Agnes RIDDELL		18a. INFORMANT - NAME (Type or Print) Dorothy CROSBY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2118 Idaho St. Carson City, Nevada 89701	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Crementation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOSH FAULKNER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 775		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703	
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) JUDD E ANDERS 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) April 24, 2012		21c. HOUR OF DEATH 16:50		22b. DATE SIGNED (Mo/Day/Yr)	
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) Judd E Anders UNSOM Brigham/316 Reno, NV 89557			
23b. LICENSE NUMBER 13557		24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 25, 2012	
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).) PART I (a) Respiratory Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Aspiration Pneumonia DUE TO, OR AS A CONSEQUENCE OF: (c) Dementia, Senile DUE TO, OR AS A CONSEQUENCE OF: (d) Unknown Etiology			
Interval between onset and death Immediate		Interval between onset and death Days			
Interval between onset and death Months		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 STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

3651402

432892

CERTIFIED COPY OF VITAL RECORDS

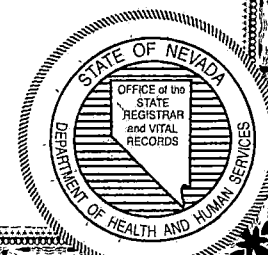
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **04/25/2012**

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

VRS-Rev-20110104



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE