DOUGLAS COUNTY, NV Rec:\$40.00

NV 2020-945737

05/06/2020 03:16 PM

Total:\$40.00 **05** ALLISON, MACKENZIE, LTD

Pgs=3

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).

001107662020094573700	30036

KAREN ELLISON, RECORDER

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 DOROTHY B. CROSBY, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DOROTHY B. 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.

APN: 1318-10-310-035

(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
MARY C BARRY
On May 67 , 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
JOHN R. BROOKS NOTARY PUBLIC STATE OF NEVADA APPT. No. 97-2618-3 MY APPT. EXPIRES JULY 08, 2021
H021P3023P4743, V. 1

is true



a_{ij} with a_{ij} and a_{ij}	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	Ge A
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH	٤
VITAL STATISTICS	

CASE FI	LE NO. 4132267		CERTIFIC	ATE OF	DEATH			202000	4261	
TYPE OR						STATE FILE NUMBER				
PRINT IN PERMANENT	1a DECEASED-NAME (FIRST		I DITTE OF			2. DATE OF	DEATH (Mo/Day/Year) 3a, COUNTY OF DEATH			
D) ACK DIK		hy B		ROSBY		Ma	rch 01, 2020	1	Carson City	.
	3b. CITY, TOWN, OR LOCATIO	N OF DEATH 3c. HOS	SPITAL OR OTHER INST	TTUTION -Name	If not either, give	street ar 3e	If Hosp, or Inst. indic	ate DOA, OP/Er	ner Rm. 4. SE	x
DECEDENT	Carson City		2118	Idaho Street				lome	\ Fe	emale
	5. RACE (Specify)	-	6. Hispanic Origin? Sp	ecify 7a. A	GE Last birthday	7b. UNDER	YEAR 7c. UNDER	1 DAY 8 DA	É OF BIRTH (Mo/	Day/Yr)
	W	hite	No - Non-Hisp	anic (Year	s) 96	MOS E	DAYS HOURS	October 12, 19	23	
IF DEATH	9a. STATE OF BIRTH (If not US	/CA, 9b. CITIZEN	OF WHAT COUNTRY 10	EDUCATION 1	MARITAL STATU	S (Specify)	12. SURVIVING SPOUS			
OCCURRED IN INSTITUTION SEE HANDBOOK	name country) Connection	<u>sut j Uni</u>	ted States	12		90			\	ľ
REGARDING COMPLETION OF	13. SOCIAL SECURITY NUMBER	- I			14b KIND OF BUSINESS OR INDUSTRY					
RESIDENCE ITEMS	9547 15a. RESIDENCE - STATE	15. 00.00		le Clerk			State of Nev	rada	Forces? N	
1	l	15b. COUNTY		WN OR LOCATION	4	REET AND NO		-	15e_INSIDE C LIMITS (Speci	ITY ify Yes
>	<u>Nevada</u>	Carson Ci	ty Ca	rson City		<u>Idaho S</u>			or No) Y	es
PARENTS	16. FATHER/PARENT - NAME				17. MOTHER/P	ARENT - NAI	ME (First Middle L		1	1
	18a, INFORMANT-NAME (Type	Percy BARN					Martha ANI	DREWS		
	1	BARRY	18b. MA	ILING ADDRESS		1 1/2	or Town, State, Zip)		1	No.
	19a. BURIAL, CREMATION, RE		MALION CENETERY O	D CDEMATORY		ie Creek F	Road Reno, Nev			
DISPOSITION	Cremat		Siry) ISD. CLINETER TO	Walton's Sie	- NAWE erra Cremato	rv	19c. LOCA		r Town State	. "
	20a. FUNERAL DIRECTOR - SI	GNATURE (Or Person	Acting as Such) 120h	76.	7%		RESS OF FACILITY	Carson City Nevada 89706		
		N BLANSETT		ENSE NUMBER	200.117.11		ation Society of	Nevada - C	apitol City	
	SIGNA	TURE AUTHENTICA	TED	FD861	7		N Curry Street (ľ
TRADE CALL				7	· \	/				
	21a. To the best of my kr	owledge, death occurre	ed at the time, date and p			basis of exami	nation and/or investiga	ation, In my opini	on death occurred	
	to the cause(s) stated. (Signature & Title) SUSAN O'LEARY MD 21b. DATE SIGNED (Mo/Day/Yr) March 03, 2020 SIGNATURE AUTHENTICATED SIGNATURE AUTHENTICATED 22b. DATE SIGNED (Mo/Day/Yr) 22c. HOUR OF DEATH 09:12									
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yri) 21c. HOUR OF DEATH 22b. DATE SIGNED (Mo/Day/Yri) 29:12					/Day/Yr) 22c. HOUR OF DEATH				
			09:12	The state of the s	ONE	V	Mar			
	요분 21d. NAME OF ATTENE	ING PHYSICIAN IF OT	HER THAN CERTIFIER	1 No.	22d. PRO	NOUNCED DEAD (Mo/Day/Yr) 22e PRONOUNCED DEAD AT (Hou				(Hour)
		DEDTIFIED IN DIGITAL			<u>.</u> 0	_		<u> 1. , </u>		
	23a. NAME AND ADDRESS OF	Susan O'l eary M	AN, ATTENDING PHYSI MD 1470 Medical	CIAN, MEDICAL	EXAMINER, OR	CORONER)	(Type or Print)	23b. LIC	ENSE NUMBER 12741	i
REGISTRAR	24a. REGISTRAR (Signature)		SATARIANO		DATE RECEIVE		TRAR 124c DE	ATH DUE TO	COMMUNICABLE D	DISEASE
REGISTRAR			AUTHENTICATED	(Mo/i	Day (0/4)	arch 03, 20	76.47	YES 🗌	ио 🛛	
CAUSE OF	25. IMMEDIATE CAUSE	(ENTER ONLY ON	CAUSE PER LINE FOR	R (a), (b), AND (c)	.)		<u> </u>	interv	al between onset a	nd death
DEATH	PARTI (a) Heart Fa	ilure Preserve	d EF		1			į		
		AS A CONSEQUENCE						interv	al between onset a	nd death
CONDITIONS IF ANY WHICH	A	oronary Artery			/ /					1
GAVE RISE TO IMMEDIATE		AS A CONSEQUENCE	OF:		7 7			Interv	al between onset a	nd death
CAUSE STATING THE->	(c) Pulmona	ary Fibrosis	1	/	′ /			į		
STATING THE -> UNDERLYING CAUSE LAST	DUE TO, OR A	AS A CONSEQUENCE	OF:					Inter	al between onset a	nd death
/ /	(d) =(10.0g)	Unknown	-					!		
/ /	PART II OTHER SIGNIFICAN	CONDITIONS-Condit	ions contributing to death	but not resulting	in the underlying	cause given		AUTOPSY (S	PECH 27. WAS CASE REFERRED TO	CORONER
/ /			The state of the s	The state of the s				s.orNo) No	(Specify Yes or N	^{√o)} No
1 [28a. ACC., SUICIDE, HOM, UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY	(Mo/Day/Yr) 28c. Ho	OUR OF INJURY	28d, DESCRIBE	HOW INJURY C	CCURRED			
			rs.							
1 1	28e, INJURY AT WORK (Specif	28f, PLACE OF INJ	JRY- At home, farm, stre	et, factory, office	28g, LOCATIO	N STR	EET OR R.F.D. No.	CITY OR T	OWN 9	STATE
1 \	Yes or No)	building, etc. (Specif	v)	, ·aa.a.j, omoa	1_09. 2007,110	5110		5.11 OK 1	····	21712

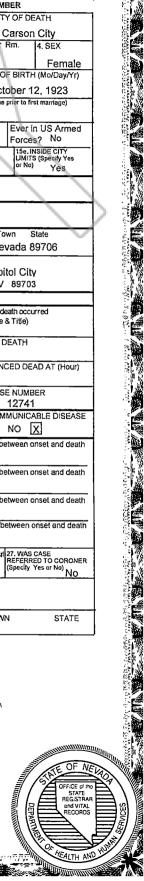
000808097

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.

3/4/2020 DATE ISSUED:





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