

APN # 1022-16-002-094

Recording Requested By:

Danielle Elise Kennedy
c/o Carrasco Law Practice, LLC
3495 Lakeside Drive, # 251
Reno, Nevada 89509

When Recorded Mail To:

Danielle E. Kennedy
c/o Carrasco Law Practice, LLC
3495 Lakeside Drive # 251
Reno, Nevada 89509

AFFIDAVIT - DEATH OF JOINT TENANT

(Title of Document)

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons. (Per NRS 239B.030)

-OR-

I the understand hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law: _____.

(State specific law)

S Carrasco
Signature

Attorney
Title

Sarah V. Carrasco
Printed Name

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

APN # 1022-16-002-094

RECORDING REQUESTED BY:

Danielle E. Kennedy fka Danielle E. Dows
c/o Sarah Carrasco, Esq.
Carrasco Law Practice, LLC
3495 Lakeside Drive # 251
Reno, Nevada 89509

WHEN RECORDED MAIL TO AND
MAIL TAX STATEMENTS TO:

Danielle E. Kennedy
3690 Quail Run Trail
Wellington, Nevada 89444

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
COUNTY OF DOUGLAS)

I, DANIELLE E. KENNEDY formerly known as DANIELLE E. DOWS, of legal age, being duly sworn, deposes and says:

That RICHARD SCOTT KENNEDY, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as RICHARD SCOTT KENNEDY named as one of the parties in that certain Grant, Bargain and Sale Deed dated July 10, 2009, executed by KENNETH R. PHARISS and YVONNE M. PHARISS, Trustees of THE KENNETH RAY PHARISS and YVONNE MARIE PHARISS 1988 TRUST (Created by Trust Agreement dated June 3, 1988) to RICHARD SCOTT KENNEDY, an unmarried man and DANIELLE E. DOWS, an unmarried woman as joint tenants, recorded as Instrument Number 749342 on August 21, 2009, in Book 809, Page 5089 - 5090, of the Official Records of Douglas County, Nevada, covering the following described property:

LOT 13, AS SET FORTH ON THE MAP OF PLEASANT MEADOW SUBDIVISION, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON OCTOBER 12, 1993, IN BOOK 1093, AT PAGE 1611, AS DOCUMENT NO. 319836, OFFICIAL RECORDS OF

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Affidavit - Death of Joint Tenant
Prepared at the Request of Danielle E. Kennedy
Page 2

DOUGLAS COUNTY, NEVADA AND AS AMENDED BY THAT CERTIFICATE OF AMENDMENT RECORDED MARCH 01, 2001, IN BOOK 301, PAGE 17 AS INSTRUMENT NO. 509601 OF OFFICIAL RECORDS.

TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

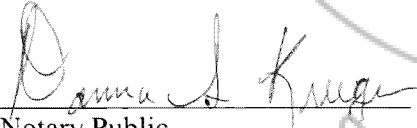
and which legal description is recited from the Grant, Bargain and Sale Deed previously recorded on August 21, 2009, as Document No. 749342, book 809, Pages 5089 - 5090, in the office of the County Recorder of Douglas County, Nevada.

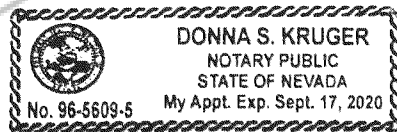
The real property identified herein is also identified as Tax Assessors Parcel No. 1022-16-002-094 and commonly referred to as 3690 Quail Run Trail, Wellington, Nevada 89444.

Dated this 23RD day of JULY, 2020.


DANIELLE E. KENNEDY

SUBSCRIBED AND SWORN TO before me this 23rd day of July 2020, 2020 by DANIELLE E. KENNEDY.


Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

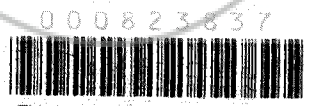
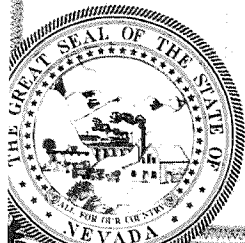
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4153764

CERTIFICATE OF DEATH

2020013836
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Richard Scott KENNEDY		2. DATE OF DEATH (Mo/Day/Year) July 04, 2020		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Wellington		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 3690 Quail Run Trail		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 66	
	9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER ██████████-8195		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) Carl J KENNEDY		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Connie OLSON			
	18a. INFORMANT- NAME (Type or Print) Danielle KENNEDY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3690 Quail Run Trail Wellington, Nevada 89444			
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		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) DENICE PORTILLO SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD872		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
TRADE CALL	TRADE CALL - NAME AND ADDRESS					
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) REED DOPF MD 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) July 07, 2020		21c. HOUR OF DEATH 07:49		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)	
	21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		22f. PRONOUNCED DEAD AT (Hour)	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Reed Dopf MD 907 Mountain Street Carson City, NV 89703		23b. LICENSE NUMBER 13920			
	24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 08, 2020		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
	PART I					
	(a) Respiratory Arrest Interval between onset and death					
	(b) Acute Respiratory Failure Interval between onset and death					
(c) Malignant, Metastatic Liver Carcinoma Interval between onset and death						
(d) 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.						
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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					

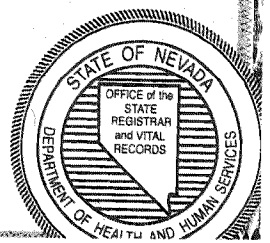


CERTIFIED COPY OF VITAL RECORDS

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: **7/16/2020**

Wesley T Storey
STATE REGISTRAR



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