

APN: 1022-10-002-064

RECORDING REQUESTED BY:
Marshall L. Smith
1320 Limestone Road
Wellington, Nevada 89444

MAIL TAX STATEMENTS TO:
Marshall L. Smith
1320 Limestone Road
Wellington, Nevada 89444

*Pursuant to NRS 239B.030(4), I affirm that
the instrument contained below does contain
the social security number of any person.*



KAREN ELLISON, RECORDER

AFFIDAVIT OF SURVIVING JOINT TENANT

MARSHALL L. SMITH, being first duly sworn on oath, deposes and states under the pains and penalties of perjury as follows:

1. Your affiant, Marshall L. Smith and Lilia B. Smith were grantees in joint tenancy with right of survivorship pursuant to that certain grant, bargain and sale deed dated 15 March 2005, and recorded 3 May 2005, in the official records of Douglas County, Nevada, as Document No. 0643448.

The grantees in the grant, bargain and sale deed are one and the same as your affiant and Lilia B. Smith.

2. The joint tenancy property, with right of survivorship, is located at 1320 Limestone Road, Wellington, Nevada. The property may be more specifically identified as:

LOT 23 AS SHOWN ON THE MAP OF TOPAZ RANCH ESTATES UNIT NO. 2, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON FEBRUARY 20, 1967, AS DOCUMENT NO. 35464.

3. Lilia B. Smith, affiant's joint tenant, died on 10 June 2020, in Douglas County, Nevada, and is the identical person named as the Deceased in that certain certified copy of the certificate of death attached hereto as Exhibit "A". The certified copy of the certificate of death is

incorporated herein by this reference as if set forth in full.

4. That title to all of the property identified herein is now vested in your affiant, Marshall L. Smith as of the date of Decedent's death.

TOGETHER will 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.

Witness my hand this 11 day of August, 2020.


MARSHALL L. SMITH

ACKNOWLEDGEMENT

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

On 11th August, 2020 before me, the undersigned, a Notary Public in and for said County and State, personally appeared MARSHALL L. SMITH known to me to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same.

WITNESS my hand and official seal.

Rachael Weaver

NOTARY PUBLIC



EXHIBIT “A”

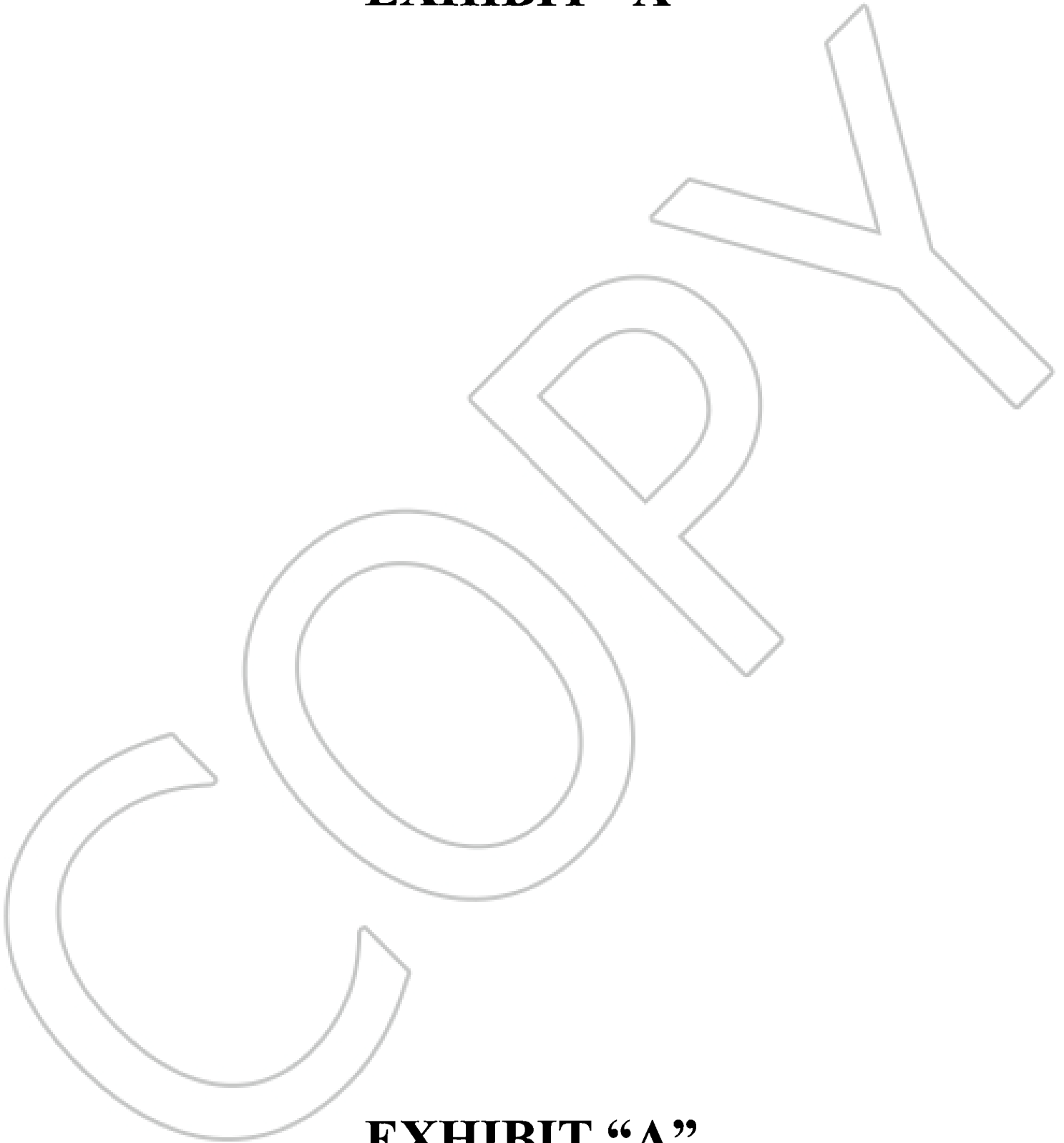


EXHIBIT “A”

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4149731

CERTIFICATE OF DEATH

2020012153
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

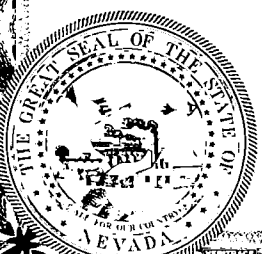
CERTIFIER

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) Lilia Bridges SMITH		2. DATE OF DEATH (Mo/Day/Yr) June 10, 2020		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street address) Evergreen Gardnerville Health & Rehab Center		3e. If Hosp. or Inst. indicate DOA, OP/Emr. Rm. Inpatient (Specify) Nursing Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify Yes - Mexican		7a. AGE-Last birthday (Years) 86	
9a. STATE OF BIRTH (If not US/CA, name country) Mexico		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
13. SOCIAL SECURITY NUMBER 2095		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY EDUCATION	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 1320 Limestone Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) No		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Marshall SMITH	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Albert BRIDGES			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Margarita TERAN		
18a. INFORMANT- NAME (Type or Print) Marshall SMITH			18b. MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) 1320 Limestone Rd Wellington, Nevada 89444		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Hillcrest Cemetery		19c. LOCATION City or Town State Smith Nevada 89430	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmerelda Place Minden NV 89423	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) RICARDO ALMAGUER MD SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) June 15, 2020		21c. HOUR OF DEATH 11:37			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
				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) Ricardo Almaguer MD 775 Fleischmann Way Carson City, NV 89703				23b. LICENSE NUMBER 925	
24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 15, 2020		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				Interval between onset and death	
(a) Cardiopulmonary Arrest					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death:	
(b) Pulmonary Arrest					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death:	
(c) Chronic Kidney Disease					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death:	
(d) Urinary tract infection					
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	
28a. ACC, SUICIDE, HOMICIDE, 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: 7/7/2020

Wesley T Storey
STATE REGISTRAR

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

