

APN# 1220-04-512-024



00117893202009521220050055

Recording Requested by/Mail to:

Name: Deborah L Wood

Address: 841 Russell Way

City/State/Zip: Gardnerville NV 89460

KAREN ELLISON, RECORDER

Mail Tax Statements to:

Name: Deborah L Wood

Address: 841 Russell Way

City/State/Zip: Gardnerville NV 89460

Affidavit of Death

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Deborah L Wood

Signature

Deborah L Wood

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

Affidavit of Death

STATE OF Nevada
COUNTY OF Douglas

I, Deborah Lynne Wood residing at 841, Russell Way,
Gardnerville NV 89460, being of legal age, depose and say that:

That Madeleine J, Ludel,
Buckley.

_____ died on July 12, 2020 as
evidence by a certified copy of that Certificate of Death, attached hereto;

That I am the successor to the estate of the descendant and to the descendants interest in funds held by various institutions and no other person has a superior right to the interest of the decedents in the described property;

That no proceeding is being or has been conducted in Nevada for
administration of the descendant's estate.

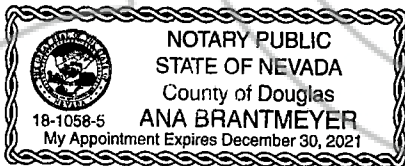
Oath of Affirmation:

I certify under penalty of perjury under Nevada law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

Deborah L Wood Deborah L Wood

8 September 2020 Date

STATE OF Nevada ^{AB}Nevada, COUNTY OF Douglas ^{AB}Douglas, ss:



AB Brantmeyer
Notary Public

This instrument was
acknowledged before me on
9/08/20 by Deborah L. Wood

Notary Public
Title (and Rank)

My commission expires 12/30/21

15-

Doc Number: **0845538**

07/01/2014 02:52 PM

OFFICIAL RECORDS

Requested By:

MADELEINE J. LUDEL-BUCKLEY

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 2

Fee: \$ 15.00

Bk: 0714 Pg: 286

RPTT # 5



Deputy: ar

APN: 1220-04-512-024

The undersigned hereby affirms
that there is no
Social Security number
contained in this document.

WHEN RECORDED, RETURN TO:

Madeleine J. Ludel-Buckley
1345 Toyabe Ave
Gardnerville NV 89410

GRANTEE/MAIL TAX STATEMENTS TO:

Same as above

QUITCLAIM DEED

THIS INDENTURE WITNESSETH: That MADELEINE J. Ludel-Buckley
in consideration of the sum of Ten Dollars (\$10), the receipt of which is hereby
acknowledged, do(es) hereby remise, release and forever quitclaim to
M. J. Ludel-Buckley @ Deborah L. Wood, alas Joint tenants, all that
real property situated in Gardnerville, County of Douglas,
State of Nevada, and more particularly described as follows:

(Insert legal description here, or reference exhibit A attached and
incorporated by reference. Check NRS 111.312 concerning the recordation
of documents pertaining to property with metes and bounds legal
description.)

TOGETHER WITH all and singular the tenements, hereditaments, and
appurtenances thereunto belonging or in anywise appertaining.

WITNESS my/our hand(s) this 1st day of July, 2014.

Madeleine J. Ludel-Buckley
Print name Madeleine J. Ludel-Buckley

(ACKNOWLEDGMENT)

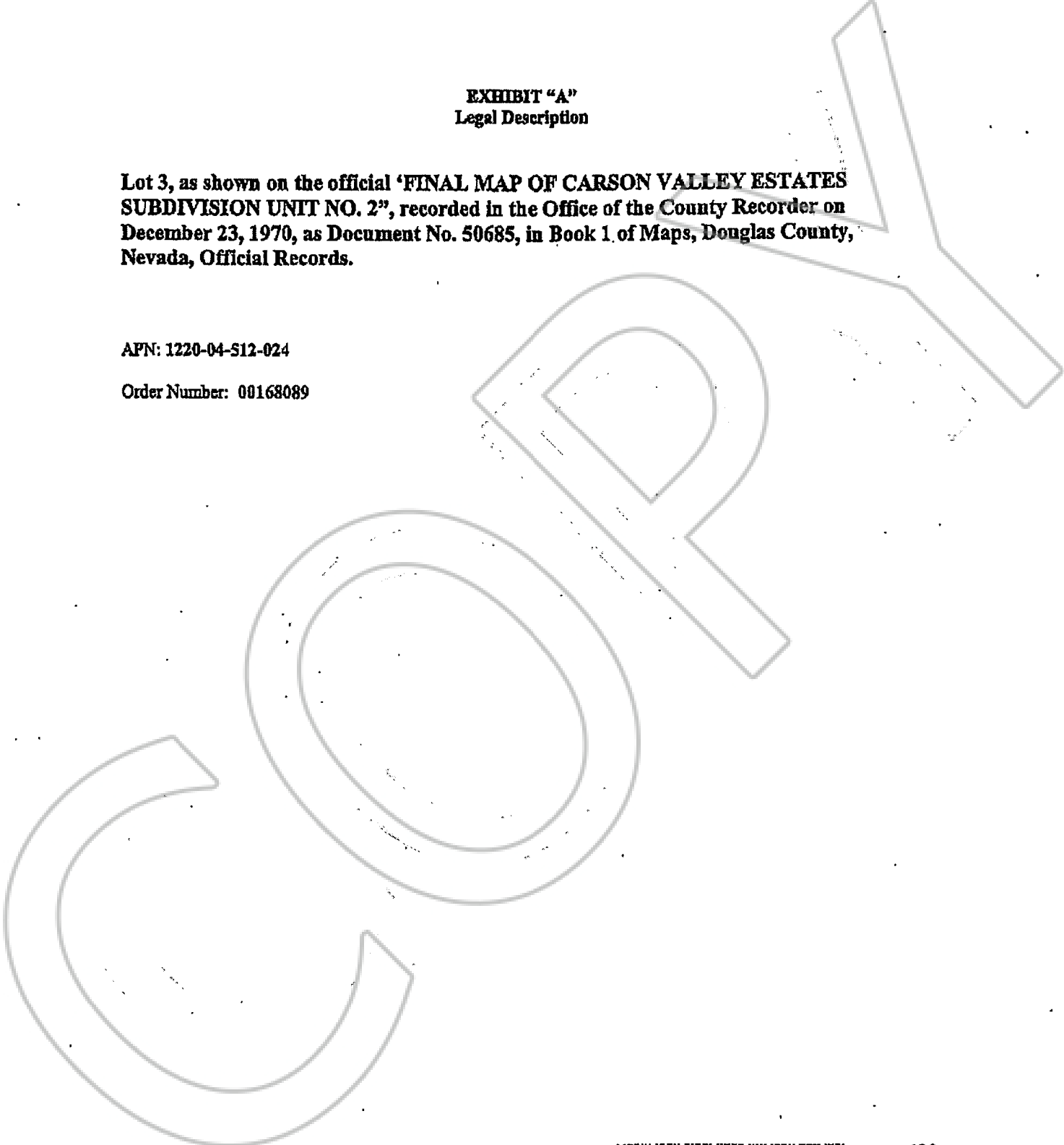
Note: Effective July 1, 2003, all documents (except maps) submitted for recording in Nevada must be on
8½ inch by 11 inch paper, have a margin of 1 inch on the left and right sides and at the bottom of each
page, have a space of 3 inches by 3 inches at the upper right corner of the first page, and have a margin
of 1 inch at the top of each succeeding page. (NRS 247.110(4), effective July 1, 2003) Documents
recorded in Clark County, Nevada, were required to be in that format prior to July 1, 2003.

EXHIBIT "A"
Legal Description

**Lot 3, as shown on the official 'FINAL MAP OF CARSON VALLEY ESTATES
SUBDIVISION UNIT NO. 2', recorded in the Office of the County Recorder on
December 23, 1970, as Document No. 50685, in Book 1 of Maps, Douglas County,
Nevada, Official Records.**

APN: 1220-04-512-024

Order Number: 00168089



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4155120

CERTIFICATE OF DEATH

2020014699
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Madeleine Judith LUDEL BUCKLEY		2. DATE OF DEATH (Mo/Day/Year) July 12, 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 and number) 841 Russell Way		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Other Residence	
	4. SEX Female					
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 79	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) May 10, 1941	
	9a. STATE OF BIRTH (If not US/CA, name country) New York		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSES NAME (Last name prior to first marriage)			
	13. SOCIAL SECURITY NUMBER ██████████-5902		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 Gardnerville	
PARENTS	15d. STREET AND NUMBER 1345 Toiyabe Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Lenard LUDEL			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Violet KAHN		
	18a. INFORMANT- NAME (Type or Print) Deborah WOOD		18b. MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) 841 Russell Way Gardnerville, Nevada 89460			
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Cremations 1600 Buckeye Rd Minden NV 89423	
	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) GARRETT D SCHWARTZ 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 15, 2020		21c. HOUR OF DEATH 11:03		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)	
REGISTRAR	22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Garrett D Schwartz MD 1520 Virginia Ranch Blvd Gardnerville, NV 89410			
	23b. LICENSE NUMBER 9086		24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 16, 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					Interval between onset and death
	(a) Coronary Atherosclerosis DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(b) Tobacco Abuse DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:					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		

000823939



CERTIFIED COPY OF VITAL RECORDS

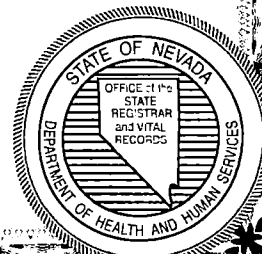
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

7/21/2020

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

Blaise Satariano
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE