

APN #1420-28-411-015

**WHEN RECORDED, RETURN TO:**

Douglas R. Brown, Esq.  
Lemons, Grundy & Eisenberg  
6005 Plumas Street, Suite 300  
Reno, Nevada 89519



00126330202109597990040048

KAREN ELLISON, RECORDER

**GRANTEE/MAIL TAX STATEMENTS TO:**

Rose Chesser  
11075 Broken Hill Road  
Reno, Nevada 89511

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

**AFFIDAVIT OF SURVIVING JOINT TENANT**

ROSE MARY CHESSER, hereby swears under penalty of perjury that the following assertions are true of her own knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

2. I am Rosemary Chesser, the person named as one of the tenants in common in that certain Grant, Bargain and Sale Deed recorded in Douglas County, Nevada as Document No. 2016-88-760.

3. The property which is the subject of the above-described deed is located in the County of Washoe, State of Nevada, and is more particularly described as follows:

Lot 35, as shown on the map of Cochran Estates, Unit No. 2, Filed in the Office of the County Recorder, State of Nevada, on May 16, 1973, as File No. 66230

APN: 1420-28-411-015 (formerly identified as APN: 021-084-10)

4. Rosemary Chesser is one of the tenants in common and the wife of David Ray Chesser, Deceased, in that certain Certificate of Death, a certified copy of which annexed hereto and made a part hereof.

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5. As recited in the above-described Certificate of Death, David Ray Chesser died on the 13<sup>th</sup> day of December 2018 in Reno, Washoe County, Nevada, which is attached hereto as Exhibit 1.

Dated: January 6, 2021.

Rose Mary Chesser  
ROSE MARY CHESSER

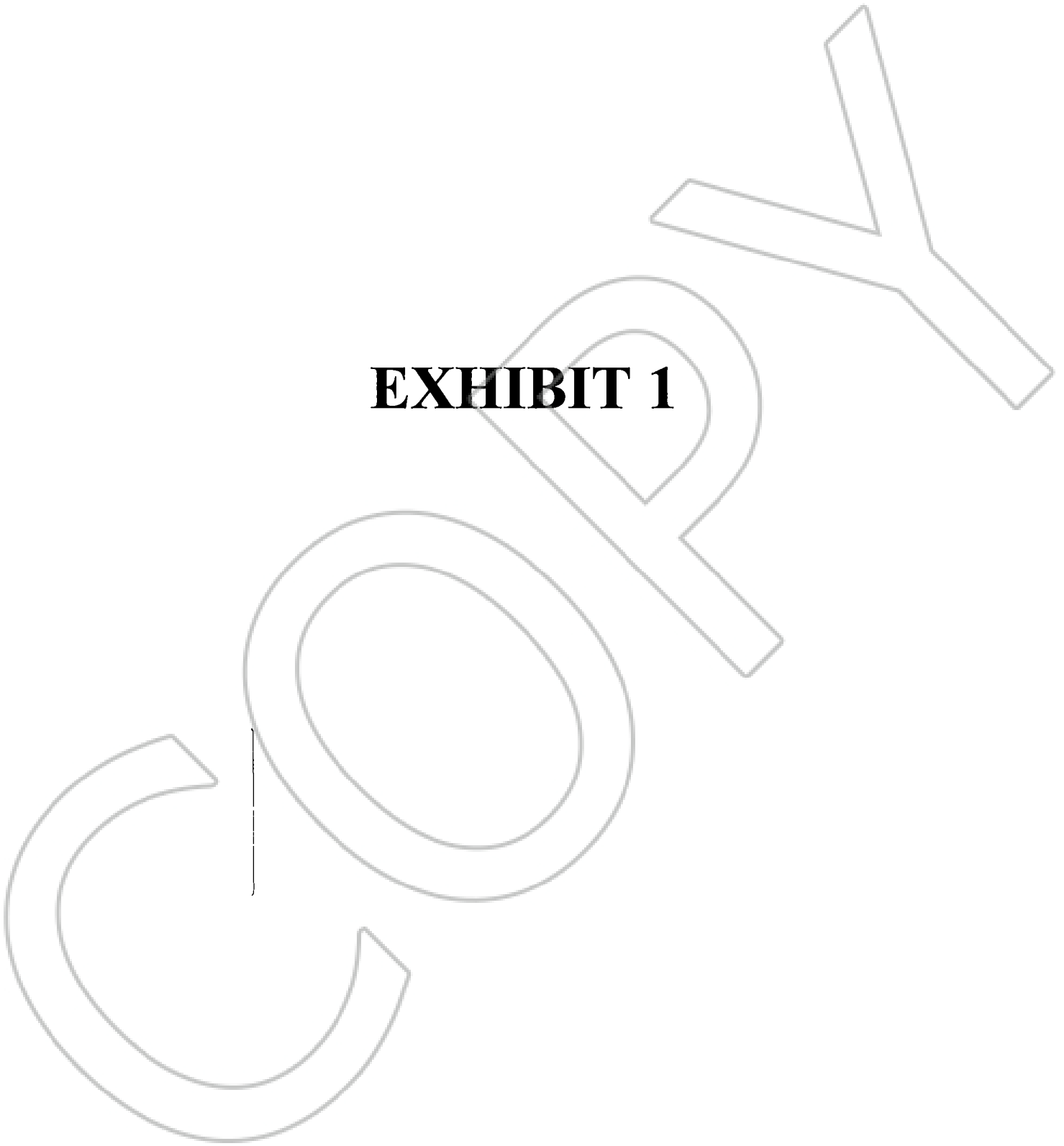
STATE OF NEVADA            )  
  ) ss.  
COUNTY OF WASHOE        )

On this 6<sup>th</sup> day of January 2021, personally appeared before me, a notary public, ROSE MARY CHESSER, who acknowledged to me that she executed the foregoing Affidavit of Surviving Joint Tenant.

 **SUSAN G. DAVIS**  
Notary Public - State of Nevada  
Appointment Recorded in Washoe County  
No: 99-37796-2 - Expires July 24, 2023

Susan G. Davis  
NOTARY PUBLIC

**EXHIBIT 1**



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**

**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

CASE FILE NO. 4056263

2018024213  
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) <b>David Ray</b> <b>CHESSER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 13, 2018</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and Inpatient(Specify)) <b>1292 Melborn Way</b> <b>Home</b>		4. SEX <b>Male</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>67</b>	
7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>DAYS</b>		7d. UNDER 1 HOUR <b>HOURS</b>	
7e. UNDER 1 MIN <b>MINS</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>March 22, 1951</b>			
9a. STATE OF BIRTH (if not US/CA, name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE S NAME (Last name prior to first marriage) <b>Rose DARR</b>			
13. SOCIAL SECURITY NUMBER <b>[REDACTED]-7163</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Construction Contractor)		14b. KIND OF BUSINESS OR INDUSTRY <b>CONSTRUCTION</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>1292 Melborn Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Raymond Lee CHESSER</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Betty MAJORS</b>		
18a. INFORMANT- NAME (Type or Print) <b>Rose CHESSER</b>		18b. MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) <b>1292 Melborn Way Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLEN BLANETT</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD861</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</b>	
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) <b>[REDACTED]</b>			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) <b>MATTHEW R SCHLANGER</b> <b>SIGNATURE AUTHENTICATED</b>		
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr) <b>January 24, 2019</b>		22c. HOUR OF DEATH <b>15:26</b>	
22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>December 13, 2018</b>		22e. PRONOUNCED DEAD AT (Hour) <b>15:26</b>			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Coroner Matthew R Schlanger 1038 Buckeye Rd Minden, NV 89423</b>					23b. LICENSE NUMBER
24a. REGISTRAR (Signature) <b>ANGELICA RAMIREZ</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 25, 2019</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					Interval between onset and death
PART I (a) <b>Pancreatic Adenocarcinoma</b>					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF.					Interval between onset and death
(b) <b>Unknown Etiology</b>					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF					Interval between onset and death
(c) <b></b>					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(d) <b></b>					Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I <b>Hypertensive And Atherosclerotic Cardiovascular Disease, Hepatic Cirrhosis, Chronic Pancreatitis, Obesity</b>					26. AUTOPSY (Specify Yes or No) <b>Yes</b>
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
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

VRS-Rev-20120523a



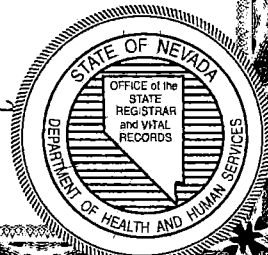
CERTIFIED COPY OF VITAL RECORDS

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: **JAN 28 2019**

*Julie Katcheva*  
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE