

This document does not contain a social security number.

Natalia K. Vander Laan, Esq.



KAREN ELLISON, RECORDER

A.P.N.: 1220-28-510-026

Recording Requested By:)
Dennis Lee Ramey)
1393 Mary Jo Drive)
Gardnerville, NV 89460)

When Recorded Mail to:)
Dennis Lee Ramey)
1393 Mary Jo Drive)
Gardnerville, NV 89460)

Mail Tax Statements to:)
Dennis Lee Ramey)
1393 Mary Jo Drive)
Gardnerville, NV 89460)

AFFIDAVIT – DEATH OF CO-OWNER

I, DENNIS LEE RAMEY, of legal age, being first duly sworn, declare under penalty of perjury that:

PENNY SHIREEN RAMEY, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as PENNY S. RAMEY named as one of the parties (grantees) in that certain deed dated June 28, 2017, and executed by Darrik E. Moody, a married man as his sole and separate property (grantor), to Dennis L. Ramey and Penny S. Ramey, husband and wife as community property with right of survivorship, recorded on June 30, 2017, as Document No. 2017-900920 of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

Lot 160, as shown on the map of GARDNERVILLE RANCHOS UNIT 7, filed for record in the office of the County Recorder of Douglas County, Nevada on March 27, 1974, in Book 374, Page 676 as Document No. 72456.

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Subject to:

1. All general and special taxes for the current fiscal year.
2. Covenants, conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

Together with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

PENNY S. RAMEY, the deceased party, died on May 18, 2020, as shown in the attached certified copy of Certificate of Death.

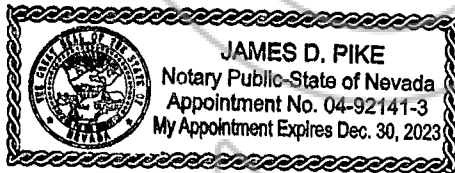
The Affiant is the Husband of the deceased party and now the sole owner of the subject property, holding title as a single man as his sole and separate property.

Executed on this 20th day of January, 2021, in Douglas County, State of Nevada.


 DENNIS LEE RAMEY

STATE OF NEVADA)
): ss
 COUNTY OF Douglas)

Signed and sworn to (or affirmed) before me on this 20TH DAY OF January, 2021, by DENNIS LEE RAMEY.




 NOTARY PUBLIC

This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4145765

CERTIFICATE OF DEATH

2020010375
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) Penny Shireen RAMEY		2. DATE OF DEATH (Mo/Day/Year) May 18, 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) Carson Valley Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Intensive Care Unit (ICU)	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 70		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 02, 1949		9a. STATE OF BIRTH (If not US/CA, name country) Missouri		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Dennis RAMEY	
13. SOCIAL SECURITY NUMBER -6518		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Owner/Instructor		14b. KIND OF BUSINESS OR INDUSTRY Dance Studio	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1393 Mary Jo Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) William REISER	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Marge SEIL		18a. INFORMANT- NAME (Type or Print) Dennis RAMEY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1393 Mary Jo Dr Gardnerville, Nevada 89460	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
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 Esmeralda 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) TREVOR PHAN 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) May 18, 2020		21c. HOUR OF DEATH 14:18		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)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Trevor Phan MD 1107 Highway 395 Gardnerville, NV 89410	
23b. LICENSE NUMBER 12765		24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 21, 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) Septic Shock		DUE TO, OR AS A CONSEQUENCE OF:		Hours	
(b) Severe Sepsis		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) Diverticulitis		DUE TO, OR AS A CONSEQUENCE OF:		Days	
(d)		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 I. Acute Renal Failure, Hyperkalemia, Colo-vesicle Fistula, Metabolic Acidosis		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					



CERTIFIED COPY OF VITAL RECORDS

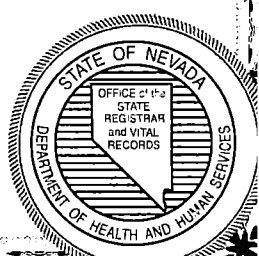
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

STATE REGISTRAR
[Signature]

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

5/27/2020



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE