

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT DOES CONTAIN A SOCIAL SECURITY NUMBER AS REQUIRED BY LAW NRS 440.380(1)(a) and NRS 40.525(5)



KAREN ELLISON, RECORDER

APN: 1318-23-410-064

WHEN RECORDED MAIL TO:

KRISTIN HITCHCOCK
P.O. Box 10964
ZEPHYR COVE, NEVADA 89448

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

AFFIDAVIT OF DEATH OF JOINT TENANT

KRISTIN HITCHCOCK being first duly sworn, deposes and says:

1. DAVID DIBDEN died on April 12, 2019 and a certified copy of his Death Certificate is attached hereto as Exhibit A.
2. That at the date of his death, said DAVID DIBDEN was an owner in joint tenancy with the Affiant of certain real property located in Douglas County, State of Nevada, described as:

SEE EXHIBIT "B" ATTACHED

3. That said joint tenancy was created by a Deed dated April 8, 2003 and recorded on April 11, 2003 as File No. 573295, in the Douglas County Recorder's Office.
4. That upon the death of DAVID DIBDEN, the Affiant became the sole owner of the above-described property as her sole and separate property.

Kristin Hitchcock
Signature, KRISTIN HITCHCOCK

State of Nevada)
CARSON CITY)

Subscribed and Sworn to me on 03-12-2021, 2021, by KRISTIN HITCHCOCK who personally appeared before me, a Notary Public, and executed the above document.

Donna Peacocke
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. 4077934

CERTIFICATE OF DEATH

2019009185

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) David DIBDEN		2. DATE OF DEATH (Mo/Day/Year) April 12, 2019		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street ar number) Gardnerville Health and Rehabilitation Center		3e. If Hosp. or Inst indicate DOA,OP/Emr. Rm. Inpatient(Specify) Inpatient	
	4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 77		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS HOURS MINS	
DECEDENT	8. DATE OF BIRTH (Mo/Day/Yr) October 06, 1941		9a. STATE OF BIRTH (If not US/CA, name country) England		9b. CITIZEN OF WHAT COUNTRY England	
	10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Kristin Janis HITCHCOCK	
	13. SOCIAL SECURITY NUMBER ██████████-1394		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Oil Rig Mechanic		14b. KIND OF BUSINESS OR INDUSTRY Oil	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Stateline	
	15d. STREET AND NUMBER 176 Crescent #61		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Percy DIBDEN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Blanche BARTY		
PARENTS	18a. INFORMANT- NAME (Type or Pnnt) Kristen Janis HITCHCOCK			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 176 Crescent #61 Stateline, Nevada 89449		
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) ANDREW W JOYCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD936		20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #63 Carson City NV 89706	
DISPOSITION	TRADE CALL - NAME AND ADDRESS					
	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) JOSE AGUIRRE 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 06, 2019		21c. HOUR OF DEATH 14:45		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)
				22e. PRONOUNCED DEAD AT (Hour)		
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 11479	
	24a. REGISTRAR (Signature) ANGELICA RAMIREZ SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 09, 2019		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)).					Interval between onset and death
	PART I (a) Cardiopulmonary Arrest					Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
	(b) Acute Respiratory Failure					Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(c) Pneumonia					Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(d) Septic Shock					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. Unknown Etiology					26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes						
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	

000787934



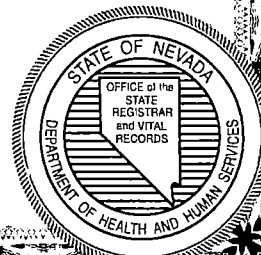
CERTIFIED COPY OF VITAL RECORDS

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: 9/23/2019

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

Jose Aguirre
ADMINISTRATOR
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "B"

ALL THAT CERTAIN LOT, PIECE OR PARCEL OF LAND SITUATE IN THE
COUNTY OF DOUGLAS, STATE OF NEVADA DESCRIBED AS FOLLOWS:

LOT 61 PONDEROSA PARK SUBDIVISION AS SHOWN IN THE OFFICIAL MAP
RECORDED FEBRUARY 25, 1970 AS DOCUMENT NO. 47249.

