

DOUGLAS COUNTY, NV **2021-965715**  
 Rec:\$40.00  
 \$40.00 Pgs=2 **04/16/2021 03:05 PM**  
 STEWART TITLE COMPANY - NV  
 KAREN ELLISON, RECORDER

|                                |                      |
|--------------------------------|----------------------|
| <b>A.P.N. No.:</b>             | 1420-34-811-029      |
| <b>File No.:</b>               | 1199936 SA           |
| <b>Recording Requested By:</b> |                      |
| <b>Stewart Title Company</b>   |                      |
| <b>Mail Tax Statements To:</b> | <i>Same as below</i> |
| <b>When Recorded Mail To:</b>  |                      |
| The Estate of Nancy Joy Dunlap |                      |
| <b>4400 Timberline</b>         |                      |
| <b>Carson City, NV 89703</b>   |                      |

**AFFIDAVIT - DEATH OF JOINT TENANT**

State of Nevada )  
 ) ss  
 County of Douglas )

Sarah Sally Allen, Personal Representative, of legal age, being first duly sworn, deposes and says: That Patrick Joseph Dunlap, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Patrick Joseph Dunlap named as one of the parties in that certain Deed dated July 18, 1987 executed by Charles Rowland Funk and Maryanne W. Funk to Patrick Joseph Dunlap and Nancy Joy Dunlap as joint tenants, recorded as Document No. 160755, on August 24, 1987 in Book 887, Page 2781 of Official Records of Douglas County Nevada, covering the following described property situated in Douglas County, State of Nevada.

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 5, as shown on the map of EL RANCHO ESTATES, filed for record in the office of the County Recorder of Douglas County, Nevada on April 23, 1962 in Book 11, Page 348, as Document No. 19910.


Dated: 4-15, 2021.

Sarah Sally Allen  
 Sarah Sally Allen, Personal Representative

State of Nevada )  
 ) ss  
 County of Douglas )

This instrument was acknowledged before me on the 15 day of April, 2021  
 By: Sarah Sally Allen

Signature: [Signature]  
 Notary Public


 SHERRY ACKERMANN  
 Notary Public - State of Nevada  
 Appointment Recorded in Douglas County  
 No: 05-96319-5- Expires April 26, 2021

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

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

CASE FILE NO. 3846664

**CERTIFICATE OF DEATH**

2015013951  
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):<br><b>Patrick Joseph DUNLAP</b>  |  | 2. DATE OF DEATH (Mo/Day/Year)<br><b>August 05, 2015</b>  |  | 3a. COUNTY OF DEATH<br><b>Carson City</b>  |  |
| 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Carson City</b>  |  | 3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or number)<br><b>Carson Tahoe Regional Medical Center</b>   |  | 3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)<br><b>Inpatient</b>   |  |
| 4. SEX<br><b>Male</b>   |  | 5. RACE (Specify)<br><b>White</b>   |  | 6. Hispanic Origin? Specify No - Non-Hispanic  |  |
| 7a. AGE - Last birthday (Years)<br><b>64</b>  |  | 7b. UNDER 1 YEAR<br>MOS: _____ DAYS: _____  |  | 7c. UNDER 1 DAY<br>HOURS: _____ MINS: _____  |  |
| 8. DATE OF BIRTH (Mo/Day/Yr)<br><b>March 27, 1951</b>   |  | 9a. STATE OF BIRTH (If not US/CA, name country)<br><b>California</b>  |  | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>  |  |
| 10. EDUCATION<br><b>14</b>  |  | 11. MARITAL STATUS (Specify)<br><b>Married</b>  |  | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)<br><b>Nancy Joy BROWN</b>  |  |
| 13. SOCIAL SECURITY NUMBER<br><b>[REDACTED]-7539</b>  |  | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)<br><b>Machinist</b>   |  | 14b. KIND OF BUSINESS OR INDUSTRY<br><b>Electrical Manufacturing</b>   |  |
| 15a. RESIDENCE - STATE<br><b>Nevada</b>   |  | 15b. COUNTY<br><b>Douglas</b>   |  | 15c. CITY, TOWN OR LOCATION<br><b>Minden</b>   |  |
| 15d. STREET AND NUMBER<br><b>1572 Johnson Lane</b>  |  | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br><b>No</b>  |  | 16. FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>Joseph Otis DUNLAP</b>   |  |
| 17. MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Mary Madeline PASTERNAK</b>   |  | 18a. INFORMANT - NAME (Type or Print)<br><b>Nancy Joy DUNLAP</b>  |  | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)<br><b>1572 Johnson Lane Minden, Nevada 89423</b>  |  |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Cremation</b>  |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>Walton's Sierra Crematory</b>   |  | 19c. LOCATION City or Town State<br><b>Carson City Nevada 89706</b>  |  |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>CURT KOESTLER</b><br>SIGNATURE AUTHENTICATED   |  | 20b. FUNERAL DIRECTOR LICENSE NUMBER<br><b>823</b>  |  | 20c. NAME AND ADDRESS OF FACILITY<br><b>Walton's Chapel of the Valley</b><br><b>1281 N Roop Carson City NV 89706</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)<br><b>TODD CHAPMAN MD</b><br>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)<br><b>August 10, 2015</b>  |  | 21c. HOUR OF DEATH<br><b>04:50</b>  |  | 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)<br><b>Todd Chapman MD 1470 Medical Pkwy Ste 100 Carson City NV 89703</b> |  |
| 23b. LICENSE NUMBER<br><b>5933</b>  |  | 24a. REGISTRAR (Signature)<br><b>VERALYNN A BOYACK</b><br>SIGNATURE AUTHENTICATED   |  | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>August 17, 2015</b>  |  |
| 24c. DEATH DUE TO COMMUNICABLE DISEASE<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))<br>PART I<br>(a) <b>Atherosclerotic Coronary Artery Disease</b><br>DUE TO, OR AS A CONSEQUENCE OF:<br>(b) _____<br>DUE TO, OR AS A CONSEQUENCE OF:<br>(c) _____<br>DUE TO, OR AS A CONSEQUENCE OF:<br>(d) _____ |  |  |  |
| PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.  |  |   |  | 26. AUTOPSY (Specify Yes or No)<br><b>No</b>   |  |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><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  |  |



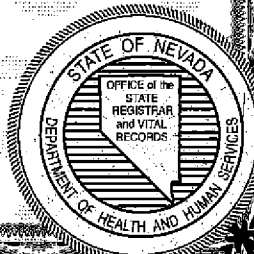
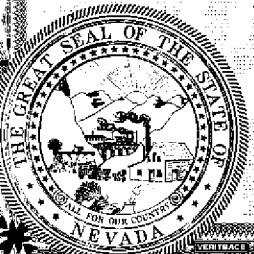
**CERTIFIED COPY OF VITAL RECORDS**

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: **2/12/2021**

*Verallynn A Boyack*  
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