

APN: 23-560-06

After Recording Mail to:

Vivian Velda Lee Watson
1734 Sunset Court
Gardnerville, NV 89410



00135618202109681370030037

KAREN ELLISON, RECORDER

The undersigned affirms that this document **does** contain the social security number of any person, as required by NRS 440.380. (NRS 239B.030).

AFFIDAVIT OF DEATH OF CO-TRUSTEE

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

VIVIAN VELDA LEE WATSON, being duly sworn, declares:

That PAUL MALONE WATSON, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as PAUL M. WATSON named as one of the parties in the Grant Deed executed by Paul M. Watson and Vivian Velda Lee Watson, husband and wife as joint tenants, Grantors, to Paul Malone Watson and Vivian Velda Lee Watson, Trustees of the Paul Malone Watson and Vivian Velda Lee Watson Family Trust Agreement dated April 24,2000, and recorded as Document No. 495285, Book 0700, at Pages 0482 - 0483 of Official Records of Douglas County, Nevada, on July 5, 2000, covering the following described property situated in Douglas County, State of Nevada:

Lot 6, Block A, as shown on the map of Ponderosa Subdivision, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on April 25, 1995, Book 495, at Page 4110, as Document No. 361181.

Per NRS 111.312, this legal description was previously recorded at Document No. 495285, Book 0700, at Pages 0482 - 0483 on July 5, 2000 of Official Records of Douglas County, Nevada.

Dated: May 24, 2021

Vivian Velda Lee Watson

VIVIAN VELDA LEE WATSON

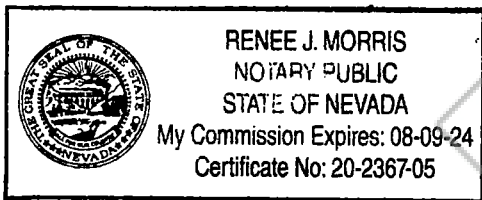
ACKNOWLEDGMENT

STATE OF NEVADA)
)
) : ss.
)
COUNTY OF DOUGLAS)

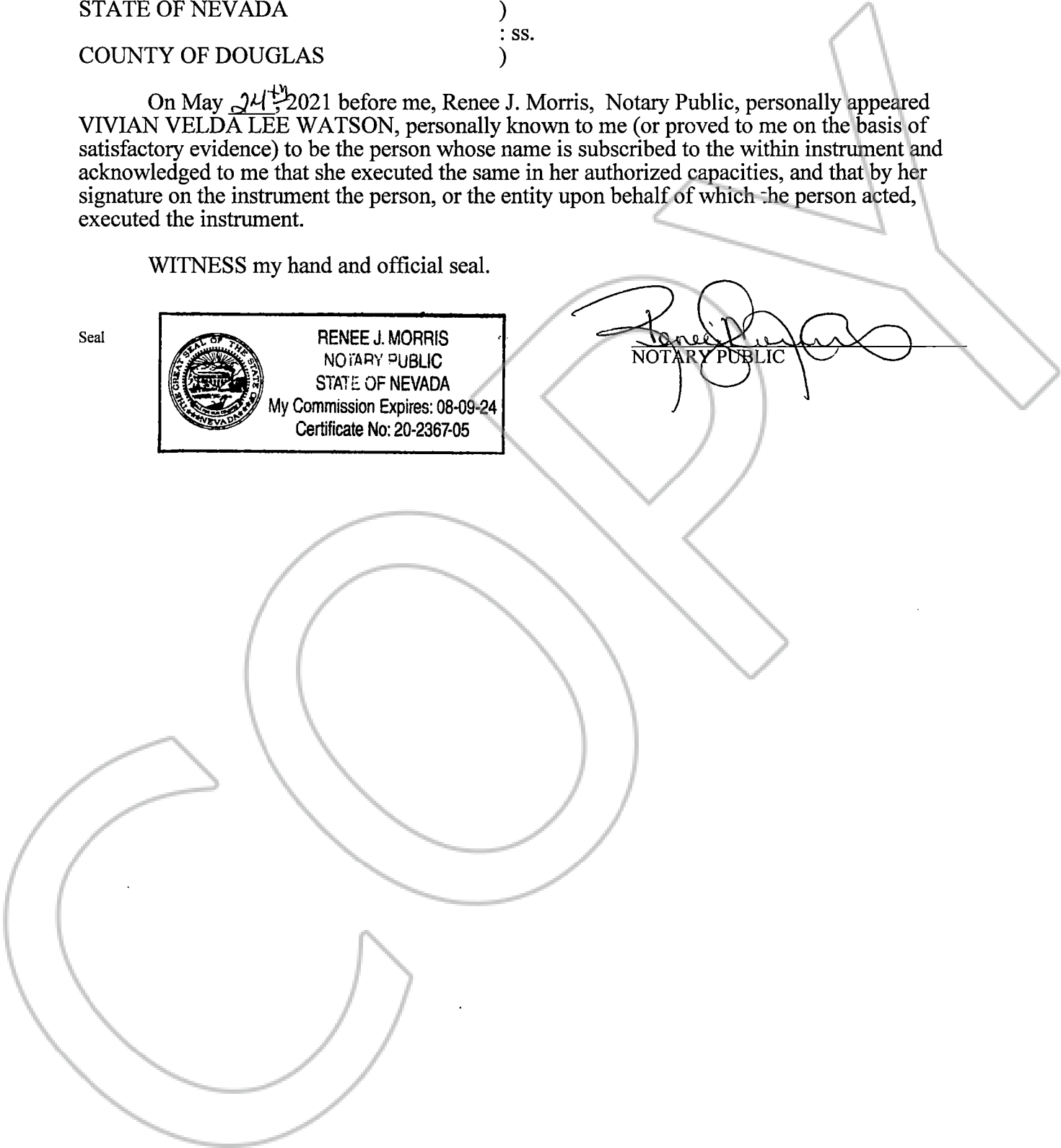
On May 24th, 2021 before me, Renee J. Morris, Notary Public, personally appeared VIVIAN VELDA LEE WATSON, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacities, and that by her signature on the instrument the person, or the entity upon behalf of which she person acted, executed the instrument.

WITNESS my hand and official seal.

Seal



Renee J. Morris
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. 4205032

CERTIFICATE OF DEATH

2021007815
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) Paul Malone WATSON | | 2. DATE OF DEATH (Mo/Day/Year) March 27, 2021 | | 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) 1734 Sunset Ct | | 3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home | |
| 4. SEX Male | | 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | |
| 7a. AGE-Last birthday (Years) 82 | | 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MINS | |
| 8. DATE OF BIRTH (Mo/Day/Yr) February 04, 1939 | | 9a. STATE OF BIRTH (If not US/CA, name country) California | | 9b. CITIZEN OF WHAT COUNTRY United States | |
| 10. EDUCATION 12 | | 11. MARITAL STATUS (Specify) Married | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Vivian Lee SCOGGIN | |
| 13. SOCIAL SECURITY NUMBER 8233 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Supervisor | | 14b. KIND OF BUSINESS OR INDUSTRY Delivery Service | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Gardnerville | |
| 15d. STREET AND NUMBER 1734 Sunset Ct | | 16. FATHER/PARENT - NAME (First Middle Last Suffix) Albert WATSON | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Miriam CHARA | |
| 18a. INFORMANT- NAME (Type or Print) Vivian Lee WATSON | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1734 Sunset Ct Gardnerville, Nevada 89410 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME Sierra Crematory | | 19c. LOCATION City or Town State Reno Nevada 89503 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) PHILLIP R MAYFIELD SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD887 | | 20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St Suite 4-E Reno NV 89502 | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) REED DOPF MD SIGNATURE AUTHENTICATED | | | | | |
| 21b. DATE SIGNED (Mo/Day/Yr) March 29, 2021 | | 21c. HOUR OF DEATH 21:27 | | 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) | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22b. DATE SIGNED (Mo/Day/Yr) | | 22c. HOUR OF DEATH | |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Reed Dopf MD 907 Mountain Street Carson City, NV 89703 | | 23b. LICENSE NUMBER 13920 | | 23c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 29, 2021 | | 24c. DEATH DUE TO COMMUNICABLE DISEASE | |
| 25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) | | | | | |
| PART I | | | | Interval between onset and death | |
| (a) Respiratory 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) Malignant, Metastatic Lung Carcinoma | | | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | |
| (d) Smoking Tobacco Dependence | | | | 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. Coronary Heart Disease, Diabetes | | | | 26. AUTOPSY (Specify Yes or No) No | |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No | | | | | |
| 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.

3/31/2021

DATE ISSUED:

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

