

APN 1320-30-111-005

RECORDING REQUESTED BY AND  
WHEN RECORDED RETURN TO  
AND SEND TAX BILLS TO:

DARYA VOGT  
PO BOX 11178  
ZEPHYR COVE NV 89448

**AFFIDAVIT OF DEATH OF JOINT TENANT**

Darya Vogt, being duly sworn, states under penalty of perjury pursuant to NRS 111.365:

1. I am the daughter of Maryellen Youngs, deceased, who died January 1, 2021 in Minden, Nevada. A true copy of her Certificate of Death is attached hereto as Exhibit A.

2. Joint Tenancy with Rights of Survivorship to certain real property described below was created on March 28, 2016 in that Grant Bargain and Sale Deed recorded 3/28/2016 as Instrument Number 2016-878617, recorded in the recorder's office of Douglas County, Nevada granting title to Darya Vogt a married woman as her sole and separate property and Lynette Lauretig a married woman as her sole and separate property and Norman C. Youngs and Maryellen Youngs husband and wife all together as joint tenants with right of survivorship.

3. The real property in question is commonly known as 1793 Mahogany Circle, Minden NV 89423, and legally described in Exhibit B attached hereto.

Your affiant sayeth further naught.

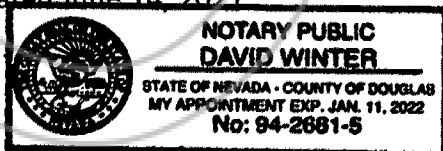
Dated June 14, 2021.

  
\_\_\_\_\_  
Darya Vogt

State of Nevada )  
County of Douglas ) ss.

Before me personally appear Darya Vogt, known to me to be the person who subscribed her name to the foregoing Affidavit, and who swore to me the contents are true of her own personal knowledge.

Dated June 14, 2021




  
\_\_\_\_\_  
David Winter  
Notary Public

EXHIBIT "A" LEGAL DESCRIPTION

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

UNIT 20, IN BLOCK B AS SHOWN ON THE FINAL MAP OF WESTWOOD PARK UNIT NO. IV, PHASE A, FILED FOR RECORD, IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON MARCH 4, 1993 IN BOOK 393, PAGE 797, AS DOCUMENT NUMBER 301078.

TOGETHER WITH AN UNDIVIDED 1/9<sup>TH</sup> INTEREST IN AND TO THE COMMON AREA LYING WITHIN THE INTERIOR LINES AS SET FORTH ON THE MAP WESTWOOD PARK UNIT NO. IV, PHASE A, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON MARCH 4, 1993 IN BOOK 393, PAGE 797, AS DOCUMENT NUMBER 301078.

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EXHIBIT "B" CERTIFIED COPY CERTIFICATE OF DEATH

COPY

# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4188644

## CERTIFICATE OF DEATH

2021000136  
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

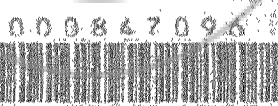
CERTIFIER

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>Maryellen YOUNGS</b>		2. DATE OF DEATH (Mo/Day/Yr) <b>January 01, 2021</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 address and number) <b>1793 Mahogany Circle</b>		3e. If Hosp. or Inst. indicate DOA, OP/ Emer, Rm, Inpatient (Specify) <b>Home</b>	
4. SEX <b>Female</b>		7a. AGE-Last birthday (Years) <b>93</b>		7b. UNDER 1 YEAR <b>MOS DAYS</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY <b>HOURS MINS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>March 09, 1927</b>		9a. STATE OF BIRTH (If not US/CA name country) <b>Ohio</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>17</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Norman YOUNGS</b>	
13. SOCIAL SECURITY NUMBER <b>██████-6218</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Religion</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>1793 Mahogany Circle</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		15f. Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Anthony IAFORNARO</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Marie</b>		
18a. INFORMANT- NAME (Type or Print) <b>Darya VOGT</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>PO BOX 11178 Zephyr Cove, Nevada 89448</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Autumn Cremation Services</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD304</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations</b> <b>1575 N Lompa Ln Carson City NV 89701</b>	
21a. To the best of my knowledge, detail occurred at the time, date and place and due to the cause(s) stated (Signature & Title) <b>NITA SCHWARTZ MD</b> SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) <b>January 07, 2021</b>		21c. HOUR OF DEATH <b>22:50</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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) <b>Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>9114</b>	
24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 07, 2021</b>		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 (a) <b>Breast Cancer With Metastasis</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(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				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</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	



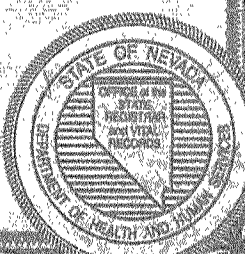
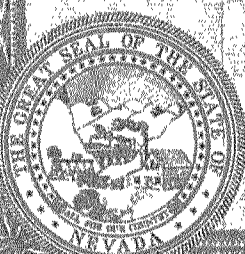
CERTIFIED COPY OF VITAL RECORDS

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:

1/11/2021

This copy is not valid unless placed on a prepared form displaying date, seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE