

APN: 1220-15-210-052



KAREN ELLISON, RECORDER

After Recording Mail to:

Cheryl Perkins
930 Monument Peak Dr.
Gardnerville, NV 89460

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 JOINT TENANT

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

CHERYL PERKINS, being duly sworn, declares:

That MARK ELLIS PERKINS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MARK E. PERKINS, named as one of the parties in the Grant, Bargain, Sale Deed executed by Mark E. Perkins to Mark E. Perkins and Cheryl Perkins, as joint tenants, and recorded as Instrument No.0581151 on June 24, 2003, in Book 0603, Page 12867 of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

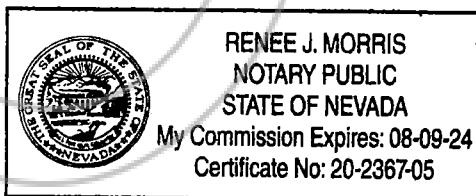
Lot 486, as shown on the map of the Re-Subdivision of Lots 91A & B; 92A & B; 93 through 96 and 221 through 232, Gardnerville Ranchos Unit No. 2, filed in the Office of the County Recorder of Douglas County, State of Nevada, on July 10, 1967, as Document No. 37049.

Per NRS 111.312, this legal description was previously recorded at Document No.0581151 in Book 0603 at Page 12867 on June 24, 2003.

Cheryl Perkins
CHERYL PERKINS

Subscribed and sworn to before me this 28 day of April, 2021.

[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. 3845589

CERTIFICATE OF DEATH

2015023648
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) Mark Ellis PERKINS		2. DATE OF DEATH (Mo/Day/Year) July 30, 2015		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or number) 930 Monument Peak Dr		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 48	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) October 29, 1966	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 15	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Cheryl CHAVEZ			
13. SOCIAL SECURITY NUMBER [REDACTED]-7364		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
Motorcycle Mechanic		Haley Davidson		Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 930 Monument Peak Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Jon Ellis PERKINS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Carla Jann CONVERSE		
18a. INFORMANT- NAME (Type or Print) Jill Elizabeth DUNHAM		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 24 Kempton Ln, Ladera Ranch, California 92694			
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) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenry's Funeral Home 3945 Fairview Dr Carson City NV 89701	
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) [Signature]			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) GEORGE L. SCHRAMM SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) April 19, 2016	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 17:44		22d. PRONOUNCED DEAD (Mo/Day/Yr) July 30, 2015	
22e. PRONOUNCED DEAD AT (Hour) 17:44		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) George L Schramm P O Box 218 Minden, NV 89423			
23b. LICENSE NUMBER		24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REG STRAR (Mo/Day/Yr) April 27, 2016		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) Multiple Gunshot Wounds				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Injuries Of The Heart				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Injuries To The Thoracic Aorta				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Injury To The Spine				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.					
26. AUTOPSY (Specify Yes or No) Yes		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) Homicide		28b. DATE OF INJURY (Mo/Day/Yr) July 30, 2015		28c. HOUR OF INJURY 1744	
28d. DESCRIBE HOW INJURY OCCURRED: Multiple Gunshot Wounds		28e. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Home			
28f. LOCATION 930 Monument Peak Drive, Gardnerville, Nevada		28g. STREET OR L.F.D. No.		28h. CITY OR TOWN STATE Gardnerville Nevada	
28i. INJURY AT WORK (Specify Yes or No) No					



CERTIFIED COPY OF VITAL RECORDS

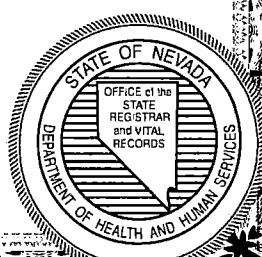
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

5/4/2021

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

George L. Schramm
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE