



KAREN ELLISON, RECORDER

A. P. No. 1419-01-801-017

When recorded mail to:  
Carolyn K. Kilpatrick  
3606 Cherokee Drive  
Carson City, NV 89705

AFFIRMATION PURSUANT TO  
NRS 111.312(1)(2) AND 239B.030(4)

The undersigned, hereby affirm that this document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by the following: NRS 440.380.

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA )  
 ) ss  
COUNTY OF )

I, CAROLYN K. KILPATRICK, do hereby swear (or affirm) under penalty of perjury that the assertions of this Affidavit are true, to-wit:

1. That I am over the age of eighteen years and legally competent to make and execute this affidavit.

2. That I am the surviving joint tenant of JERRY E. KILPATRICK.

3. That JERRY E. KILPATRICK, also known as JERRY EUGENE KILPATRICK is now deceased, having died in the City of Carson State of Nevada, on February 12, 2020. Attached hereto is a certified copy of the Certificate of Death of JERRY EUGENE KILPATRICK, which has been duly filed with the Nevada State Department of Health and Human Resources, Division of Public and Behavioral Health, Section of Vital Statistics, Carson City, Nevada. That your affiant expressly incorporates said Certificate of Death in this affidavit.

4. That during the lifetime of JERRY EUGENE KILPATRICK, he and the undersigned affiant were owners, in joint tenancy, under a Deed recorded July 31, 2018, Document No. 2018-917477, Official Records, Douglas County, Nevada, of that certain real property situate in Carson City, State of Nevada, more particularly described as follows:

Commencing at the Southeast corner of Section 1, Township 14 North, Range 19 East, M.D.B.&M.; thence South 89°38' West along the Southerly line of said Section 1, a distance of 361.10 feet to the true point of beginning; thence South 89°38' West, along the Southerly line of said Section 1, a distance of 305.00 feet; thence leaving said Southerly line North 00°11'03" West (of record 0°05'45" West) a distance of 304.98 feet (of record 304.92 feet); thence North 89°36'28" East (of record North 89°36'11" East), a distance of 285.09 feet (of record 284.89 feet) to the beginning of a curve; thence on a curve to the right through an angle of 90°15'14" (of record 90°18'04"), whose radius is 20 feet and having an arc length of 31.50 feet (of record 31.52 feet) to the end of the curve; thence South 0°08'08" East (of record 0°05'45" East), a distance of 285.01 feet (of record 284.98 feet) to the point of beginning.

Reference is made to Record of Survey recorded April 13, 1990 in Book 490, Page 1889, Document No. 223924.

NOTE (NRS 111.312): The above metes and bounds appeared previously in that certain Grant, Bargain and Sale Deed recorded on July 31, 2018, as Document No. 2018-917477, Official Records, Douglas County, Nevada.

5. That by reason of the demise of JERRY EUGENE KILPATRICK, the undersigned affiant is the sole owner under the Deed on the above-described property.

DATED: June 14, 2021, 2021.

  
Carolyn K. Kilpatrick

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

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

CASE FILE NO. 4129168

**CERTIFICATE OF DEATH**

2020003007  
STATE FILE NUMBER

|   |   |  |   |  |   |   |   |   |   |  |
|---|---|--|---|--|---|---|---|---|---|--|
| TYPE OR PRINT IN, PERMANENT BLACK INK   | 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX)<br><b>Jerry Eugene KILPATRICK</b>                                |  |   | 2. DATE OF DEATH (Mo/Day/Year)<br><b>February 12, 2020</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 address and number)<br><b>3606 Cherokee Drive</b>  |  | 3e. If Hosp or Inst indicate DOA, OP/Emer. Rm. Inpatient(Specify)<br><b>Home</b>  |   | 4. SEX<br><b>Male</b>   |   |   |  |
| DECEDENT  | 5. RACE (Specify)<br><b>White</b>   |  | 6. Hispanic Origin? Specify Nc - Non-Hispanic   |  | 7a. AGE-Last birthday (Years)<br><b>79</b>  |   | 7b. UNDER 1 YEAR<br>MOS   DAYS   HOURS   MINS                     |   |   |  |
|   | 7c. UNDER 1 DAY   |  | 8. DATE OF BIRTH (Mo/Day/Yr)<br><b>August 17, 1940</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> |   |  |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS | 10 EDUCATION<br><b>13</b>   |  | 11. MARITAL STATUS (Specify)<br><b>Married</b>  |  | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)<br><b>Carolyn PLANNETTE</b>   |   |   | 13. SOCIAL SECURITY NUMBER<br><b>-5321</b>          |   |  |
|   | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of CONSTRUCTION CONTRACTOR                          |  |   | 14b. KIND OF BUSINESS OR INDUSTRY<br><b>CONSTRUCTION</b>   |   | Ever in US Armed Forces? <b>No</b>        |   |   | 15a. RESIDENCE - STATE<br><b>Nevada</b>   |  |
| PARENTS   | 15b. COUNTY<br><b>Carson City</b>   |  | 15c. CITY, TOWN OR LOCATION<br><b>Carson City</b>   |  | 15d. STREET AND NUMBER<br><b>3606 Cherokee Drive</b>  |   | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br><b>No</b>          |   | 16. FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>Paul KILPATRICK</b>   |  |
|   | 17. MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Utah WOODS</b>                                      |  | 18a. INFORMANT- NAME (Type or Print)<br><b>Carolyn KILPATRICK</b>   |  | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)<br><b>3606 Cherokee Drive Carson City, Nevada 89705</b>  |   |   |   | 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Cremation</b>  |  |
| DISPOSITION   | 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>CARLEN BLANSETT</b>  |   | 20b. FUNERAL DIRECTOR LICENSE NUMBER<br><b>FD861</b>              |   | 20c. NAME AND ADDRESS OF FACILITY<br><b>Cremation Society of Nevada - Capitol City<br/>1614 N Curry Street Carson City NV 89703</b> |  |
|   | 20d. SIGNATURE AUTHENTICATED  |  | 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>SIGNATURE AUTHENTICATED<br/>REED DOFP MD</b> |   | 21b. DATE SIGNED (Mo/Day/Yr)<br><b>February 13, 2020</b>          |   | 21c. HOUR OF DEATH<br><b>02:08</b>  |  |
| CERTIFIER   | 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)                                      |  | 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)                                 |  | 22b. DATE SIGNED (Mo/Day/Yr)  |   | 22c. HOUR OF DEATH  |   | 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)<br><b>Reed Dopf MD 907 Mountain Street Carson City, NV 89703</b>                  |  | 23b. LICENSE NUMBER<br><b>13920</b>   |   | 24a. REGISTRAR (Signature)<br><b>BLAISE SATARIANO</b>             |   | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>February 14, 2020</b>   |  |
| REGISTRAR   | 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  |  | 26. AUTOPSY (Specify Yes or No)<br><b>No</b>  |   | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><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)  |  |
| CAUSE OF DEATH  | 28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE   |  | 28h. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.<br><b>Diabetes, Peripheral Artery Disease, Coronary Heart Disease</b> |  | 28i. DATE OF INJURY (Mo/Day/Yr)   |   | 28j. HOUR OF INJURY   |   | 28k. DESCRIBE HOW INJURY OCCURRED   |  |
|   | 28l. DATE OF INJURY (Mo/Day/Yr)   |  | 28m. HOUR OF INJURY   |  | 28n. DESCRIBE HOW INJURY OCCURRED   |   | 28o. DATE OF INJURY (Mo/Day/Yr)                                   |   | 28p. HOUR OF INJURY   |  |

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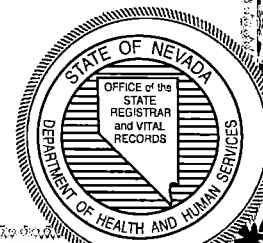
CERTIFIED COPY OF VITAL RECORDS

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: 2/18/2020

*Janey Shugart*  
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]