

DOUGLAS COUNTY, NV **2021-975750**
Rec:\$40.00
\$40.00 Pgs=4 10/20/2021 11:04 AM
AVENUE 365 LENDER SERVICES, LLC - RW
KAREN ELLISON, RECORDER

Prepared by and after recording return to)
Name: Avenue 365 Lender Services)
Firm/Company: Avenue 365)
Address: 1100 Virginia Drive)
Address 2: Suite 130)
City, State, Zip: Fort Washington, PA 19034)
Phone: 877-365-2836)
GF# 21193764R)

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APN: 1220-25-501-002

AFFIDAVIT OF DEATH - JOINT TENANT

STATE OF ^{Nevada} ~~Arizona~~
COUNTY OF ^{Douglas} ~~Douglas~~

I, Robert K. Pace of legal age, being first duly sworn, deposes and says:

1. That Loyce M. Pace, the decedent mentioned in the attached copy of Certificate of Death, is the same person as Loyce M. Pace named as one of the parties in that certain Deed dated December 12, 2012, executed by Yvonne H. Delher, a married woman as her sole and separate property, recorded as Instrument No. 2012-814706, recorded on December 17, 2012, in the Office of the County Recorder of the County of Douglas, Nevada, covering the following described property situated in the said County, State of Nevada:

SEE ATTACHED EXHIBIT "A"

Affiant knows that Avenue 365 Lender Services, LLC, its affiliates and their respective underwriter(s) (hereinafter, "Title Company") are relying on the statements contained herein to be true and correct and without the true facts contained herein said Title Company its affiliates and their respective underwriter(s) would not issue its policy.

FURTHER AFFIANT SAYETH NOT.

Robert K Pace

AFFIANT **Robert K. Pace**

Subscribed and Sworn to before me this 26th day of 08, 2021 by .

Elizabeth Ellen Blackley

Notary Public Commissioned for said County and State

Elizabeth Ellen Blackley



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4229290

CERTIFICATE OF DEATH

2021019190
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) Loyce May PACE		2. DATE OF DEATH (Mo/Day/Year) August 10, 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 or number) Evergreen Gardnerville Health & Rehab Center		3e. If Hosp. or Inst. Indicate DOA,OP,Emer. R.m. Inpatient(Specify) Assisted Living Facility	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 87		7b. UNDER 1 YEAR WOS DAYS HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) September 13, 1933	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Robert K PACE			
13. SOCIAL SECURITY NUMBER ██████████ 2857		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) TEACHER		14b. KIND OF BUSINESS OR INDUSTRY HIGH SCHOOL	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1918 Wiseman Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT- NAME (First Middle Last Suffix) George R PARKER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Helen L CLARKE		
18a. INFORMANT- NAME (Type or Print) Robert K PACE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1918 Wiseman Lane Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sanger Del Rey Cemetery District		19c. LOCATION City or Town State Sanger California 93657	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Creations 1600 Buckeye Rd Minden NV 89423	
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) REED DOFP MD		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) August 12, 2021		21c. HOUR OF DEATH 06:53		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)	
22e. PRONOUNCED DEAD AT (Hour)		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		24a. REGISTRAR (Signature) BLAISE SATARIANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 16, 2021	
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) Respiratory Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Acute Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (c) Vascular Pattern Dementia DUE TO, OR AS A CONSEQUENCE OF: (d) Atherosclerotic Cerebrovascular Disease			
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
28a. ACC., SUICIDE, HGM., 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	



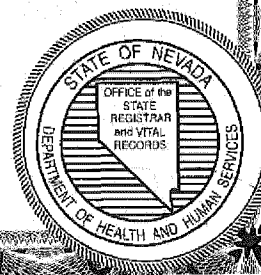
CERTIFIED COPY OF VITAL RECORDS

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: **8/17/2021**

Blaise Satariano
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

EXHIBIT "A" – LEGAL DESCRIPTION

THE FOLLOWING PROPERTY SITUATED IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, AND DESCRIBED AS FOLLOWS:

ALL THAT PORTION OF THE NORTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 25, TOWNSHIP 12 NORTH, RANGE 20 EAST, M.D.B. & M., DESCRIBED AS FOLLOWS:

PARCEL A1, AS SET FORTH ON PARCEL MAP FOR PETER M. BEEKHOF, JR. AND LINDA S. BEEKHOF, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER, OF DOUGLAS COUNTY, STATE OF NEVADA, ON OCTOBER 24, 1991, IN BOOK 1091, PAGE 4178, AS DOCUMENT NO. 263462.

SUBJECT TO:

- 1. ALL GENERAL AND SPECIAL TAXES FOR THE CURRENT FISCAL YEAR.**
- 2. COVENANTS, CONDITIONS, RESTRICTIONS, RESERVATIONS, RIGHTS, RIGHTS OF WAY AND EASEMENTS NOW OF RECORD.**

BEING THE SAME PREMISES CONVEYED UNTO ROBERT K. PACE AND LOYCE M. PACE, HUSBAND AND WIFE, AS JOINT TENANTS, BY VIRTUE OF GRANT BARGAIN AND SALE DEED FROM YVONNE H. DELHER, A MARRIED WOMAN AS HER SOLE AND SEPARATE PROPERTY, DATED DECEMBER 12, 2012, RECORDED DECEMBER 17, 2012, IN INSTRUMENT: 2012-814706 .

PARCEL ID: 122025501002