

APN: 1220-16-510-071

Recording Requested By:
HERITAGE LAW, A Division of
KALICKI COLLIER, LLP
1625 Highway 88, Suite 304
Minden, Nevada 89423



00144883202109764170050056
KAREN ELLISON, RECORDER

Mail Future Tax Statements To:
BARBARA R. BOURNE
1348 Topaz Lane
Gardnerville, NV 89460

The undersigned hereby affirms that this document submitted for recording contains personal information as required by law: Affidavit of Death – NRS 440.380(1)(a) and NRS 40.525(5)

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

BARBARA R. BOURNE, being of legal age, and being of sound mind and body, hereby swears (or affirms) under penalty of perjury, that the following is true of her own personal knowledge:


That LEROY E. BOURNE, the Decedent mentioned in the certified copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit 1** and incorporated herein by reference, is the same person as LEROY E. BOURNE, Grantee in that certain Joint Tenancy Deed dated June 26, 1974, and recorded on July 10, 1974, as Document No. 74184 of Official Records of Douglas County, State of Nevada, which Joint Tenancy Deed pertains to property situated at 1348 Topaz Lane, Gardnerville, Douglas County, Nevada, and more precisely described as:

SEE LEGAL DESCRIPTION ATTACHED AS EXHIBIT "A" AND MADE A PART HEREOF

Pursuant to NRS 111.312, the above legal description was previously recorded in a Joint Tenancy Deed recorded as Document No. 74184 of Official Records of Douglas County, State of Nevada, on July 10, 1974.

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

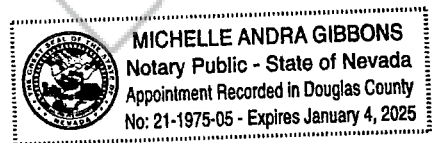
Dated: October 27, 2021.


BARBARA R. BOURNE,
Surviving Grantee and Joint Tenant

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On October 27, 2021, before me, a Notary Public, personally appeared BARBARA R. BOURNE, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he executed it.


Notary Public



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**EXHIBIT "A"
LEGAL DESCRIPTION**

Lot 272, as said lot is shown on the map of GARDNERVILLE RANCHOS UNIT No. 2, filed in the office of the County Recorder of Douglas County, Nevada, on June 1, 1965, and Title Sheet amended on June 4, 1965, as Filing No. 28377.

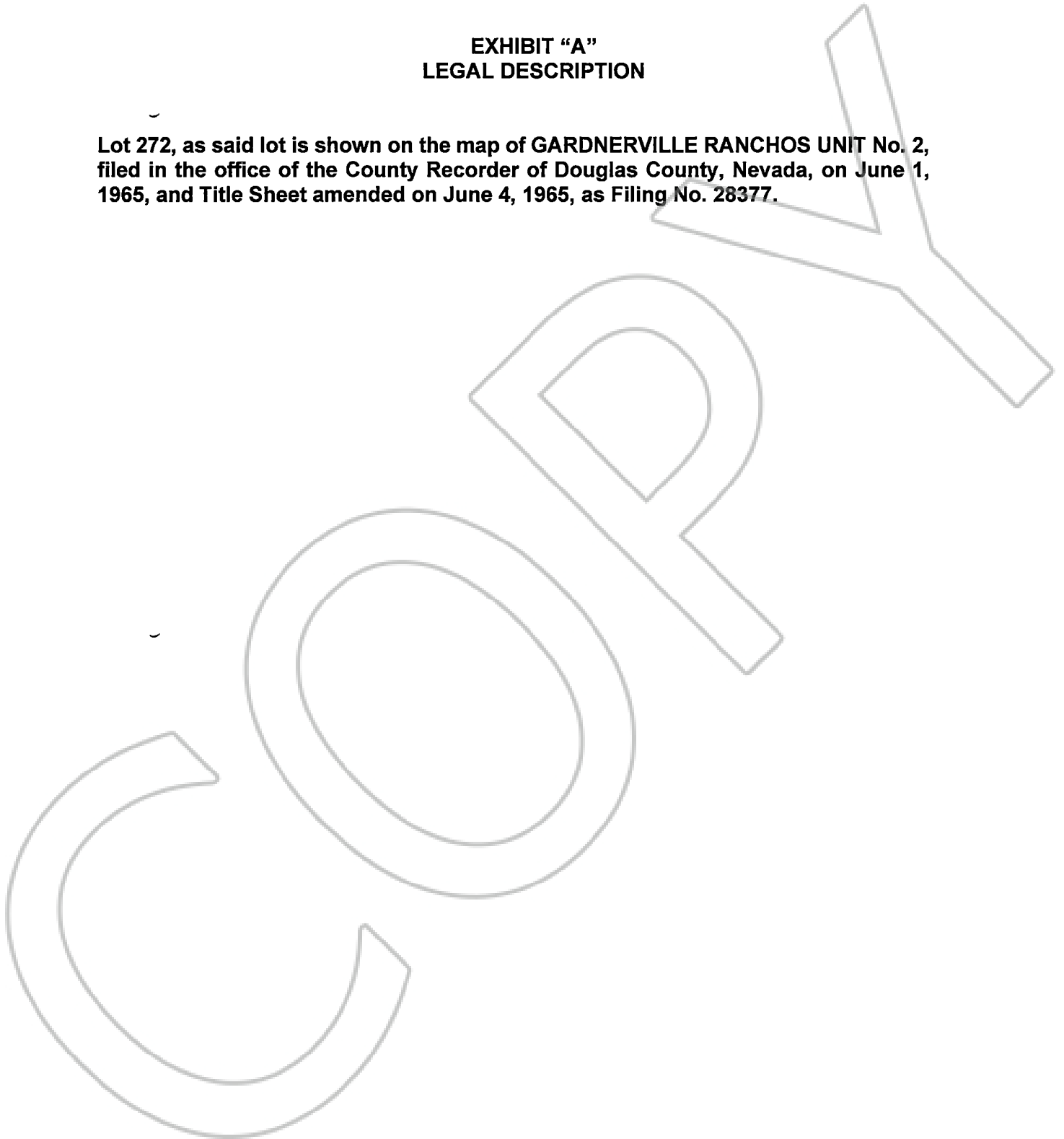


EXHIBIT 1

**AFFIDAVIT OF DEATH OF JOINT TENANT
APN: 1220-16-510-071**

Certified Copy of Certificate of Death, State of Nevada, Leroy E. Bourne, Deceased

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

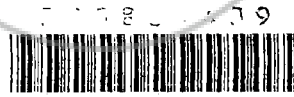
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4127556

CERTIFICATE OF DEATH

2020002063
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Leroy Edward BOURNE		2 DATE OF DEATH (Mo/Day/Year) February 01, 2020		3a COUNTY OF DEATH Douglas	
	3b CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street ar number) 1348 Topaz Ln		3e If Hosp or Inst. indicate DOA,OP/Emer Rm Inpatient(Specify) Home	
DECEDENT	4 SEX Male		5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 77		7b UNDER 1 YEAR MOS		7c UNDER 1 DAY DAYS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) July 21, 1942		9a. STATE OF BIRTH (If not US/CA, name country) Illinois		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) Barbara EVANS	
PARENTS	13 SOCIAL SECURITY NUMBER ██████-1888		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) AUTOMOBILE MECHANIC		14b KIND OF BUSINESS OR INDUSTRY AUTOMOBILE REPAIR (GARAGE)	
	15a. RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1348 Topaz Ln		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
	16 FATHER/PARENT - NAME (First Middle Last Suffix) Earl BOURNE			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Lillian KRAMP		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Barbara BOURNE		18b. MAILING ADDRESS (Street or R F D, No, City or Town, State, Zip) 1348 Topaz Ln Gardnerville, Nevada 89460			
	19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
CERTIFIER	20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT		20b FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
	SIGNATURE AUTHENTICATED					
REGISTRAR	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					
	21b DATE SIGNED (Mo/Day/Yr) February 04, 2020		21c HOUR OF DEATH 07:33		21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
CAUSE OF DEATH	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) Reed Dopf MD 907 Mountain Street Carson City, NV 89703	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b LICENSE NUMBER 13920		24a REGISTRAR (Signature) BLAISE SATARIANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 04, 2020	
	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) Malignant, Metastatic Melanoma DUE TO, OR AS A CONSEQUENCE OF: (d)			
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE	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		



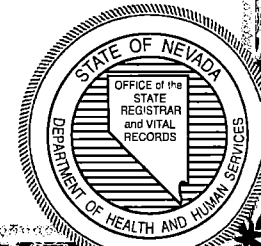
CERTIFIED COPY OF VITAL RECORDS

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.

DATE ISSUED: 2/7/2020

Blaise Satariano
ADMINISTRATOR 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