

APN No.: 1220-04-512-023

Escrow No.: 22025012-DR

Recording Requested By:
First Centennial Title Company of Nevada
896 W Nye Ln, Ste 104
Carson City, NV 89703

When Recorded Return to:
Shirley M. Ruby
P.O. Box 1196
Minden, NV 89423

Mail Tax Statements to:
Shirley M. Ruby
P.O. Box 1196
Minden, NV 89423

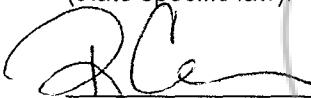
SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF JOINT TENANT

(Title of Document)

Please complete Affirmation Statement below:

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: 440.380(1) (state specific law).



SIGNATURE

Title Assistant

TITLE

Roseanne Cusumano
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

SPACE BELOW FOR RECORDER

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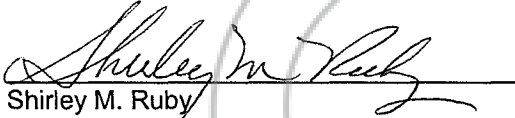
AFFIDAVIT - DEATH OF JOINT TENANT

Shirley M. Ruby, of legal age, being duly sworn, deposes and says

That David Glen Ruby the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as David G. Ruby named as one of the parties in that certain Grant, Bargain, Sale Deed dated March 21, 2017 executed by David G. Ruby, a married man as his sole and separate property to David G. Ruby and Shirley M. Ruby, husband and wife as joint tenants with Right of Survivorship recorded as Instrument No.2017-896328, on 3-23-2017 of Official Records of Douglas County, Nevada, covering the following described property.

Lot 4, of Final Map of Carson Valley Estates Subdivision, Phase 2, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on December 23rd, 1970, as Document No. 50685.

Assessors Parcel No.: 1220-04-512-023



Shirley M. Ruby

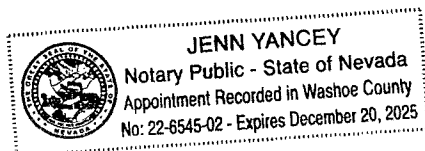
Dated: 1-28-2022

STATE OF NEVADA

COUNTY OF Douglas

This instrument was acknowledged before me on this 28 day of January, 2022, by
Shirley M. Ruby


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. 4231724

CERTIFICATE OF DEATH

2021020038
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

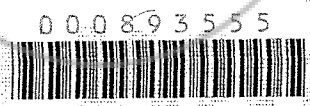
REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) David Glen RUBY		2. DATE OF DEATH (Mo/Day/Year) August 23, 2021		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 2715 Henning Lane		3e. If Hosp. or Inst. indicate DOA, OP/Emmer. Rm. Inpatient(Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No Non-Hispanic		7a. AGE-Last birthday (Years) 69	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
13. SOCIAL SECURITY NUMBER -2581		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2715 Henning Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) No		8. DATE OF BIRTH (Mo/Day/Yr) November 26, 1951	
16. FATHER/PARENT - NAME (First Middle Last Suffix) David Lowry RUBY			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Helen Marjorie AUSTIN		
18a. INFORMANT- NAME (Type or Print) Shirley M RUBY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 1196 Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD304		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln 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) GEORGE MARS MD SIGNATURE AUTHENTICATED			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 23, 2021		21c. HOUR OF DEATH 09:04		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) George Mars MD 5345 Reno Corporate Drive, Bld Reno, NV 89511				23b. LICENSE NUMBER 8649	
24a. REGISTRAR (Signature) SHANA B RHINEHART SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 23, 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				Interval between onset and death	
(a) End Stage Renal Disease				Interval between onset and death	
(b) Disseminated Malignant Neoplasm				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 1 Malignant Secondary Neoplasm of Unknown Origin, History Or Testicular Teratoma				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	

Information Corrected, State Affidavit# 73722, 09/24/2021 --25a 25b 25c 25d



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: 9/24/2021

Shana B Rhinehart
STATE REGISTRAR

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

