

A.P.N. 1219-14-002-057



KAREN ELLISON, RECORDER

Recording Requested By:
When Recorded Return to:

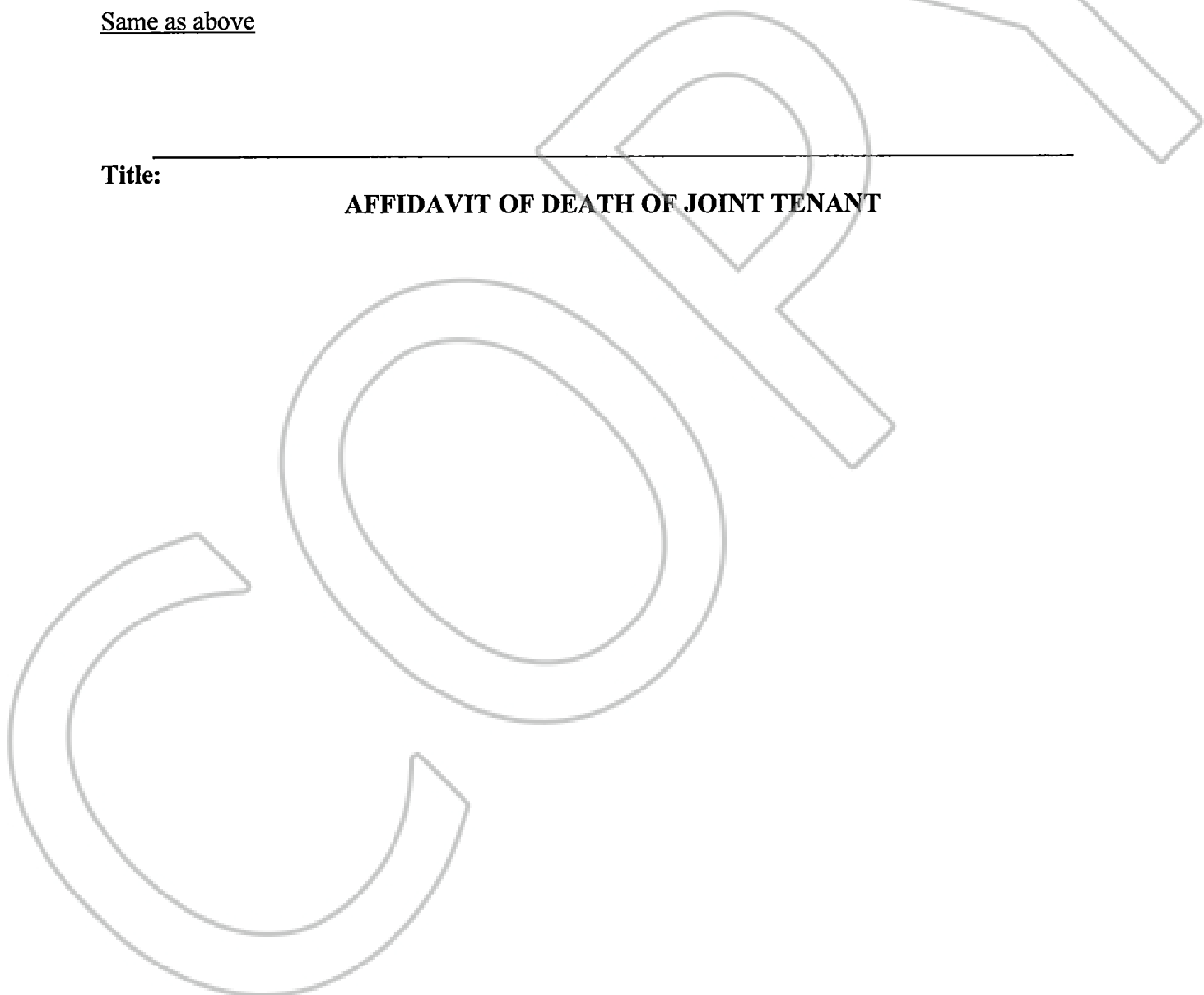
Stanford White
409 Diorite Rd.
Gardnerville, NV 89460

Mail Tax Information to:

Same as above

Title:

AFFIDAVIT OF DEATH OF JOINT TENANT



A.P.N. 1219-14-002-057

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Stanford White
409 Diorite Rd.
Gardnerville, NV 89460

Mail Tax Information to:

Same as above

AFFIDAVIT OF DEATH OF JOINT TENANT

Stanford Fred White, of legal age, husband of decedent named below, first being duly sworn, deposes and says:

That Carolyn F. White, the decedent mentioned in the attached certified copy of Certificate of Death, who died October 23, 2021, at Gardnerville, Nevada, is the same person as Carolyn F. White, named as one of the parties in that certain Grant, Bargain and Sale Deed dated July 15, 2019, executed by Stanford Fred White, to Stanford Fred White and Carolyn F. White, husband and wife as joint tenants, recorded as Document #2019-931715 of Official Records of Douglas County, Nevada, covering the following described real property in the City of Gardnerville, County of Douglas, State of Nevada:

ALL THAT REAL PROPERTY SITUATED IN THE CITY OF GARDNERVILLE, COUNTY OF DOUGLAS, STATE OF NEVADA, DESCRIBED AS FOLLOW:

PARCEL B-1 ON THAT CERTAIN FINAL MAP FILED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER, STATE OF NEVADA, ON THE 23RD DAY OF JULY 2002, IN BOOK 0702, OF OFFICIAL RECORDS, AT PAGE 7399, DOCUMENT NO. 547790. EXCEPT THEREFROM AN UNDIVIDED ONE HALF INTEREST IN AND TO ALL OIL, GAS, PETROLEUM, NAPHTHA, OTHER HYDRO-CARBON SUBSTANCES AND MINERALS OF WHATSOEVER KIND AND NATURE IN, UPON OR BENEATH SAID LAND, TOGETHER WITH RIGHT OF ENTRY, AS RESERVED BY THE FEDERAL LAND BANK OF BERKELEY, A CORPORATION BY DEED, RECORDED MAY 12, 1941 IN BOOK W OF DEEDS, PAGE 64, DOCUMENT NO. 7977, DOUGLAS COUNTY, NEVADA, RECORDS.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4244804

CERTIFICATE OF DEATH

2021026742
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) Carolyn Fay		1b RACE (Specify) White		2 DATE OF DEATH (Mo/Day/Year) October 23, 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 and number) 409 Diorite Road		3e If Hosp or Inst indicate DOA,OP/Emer Rm Inpatient(Specify) Home		4 SEX Female	
5 RACE (Specify) White		6 Hispanic Orig.n? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 73		7b UNDER 1 YEAR MOS DAYS	
9a STATE OF BIRTH (If not US/CA, name country) California		9b CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 12		11 MARITAL STATUS (Specify) Married	
13 SOCIAL SECURITY NUMBER [REDACTED]-2730		14a USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b KIND OF BUSINESS OR INDUSTRY INDUSTRIAL		8 DATE OF BIRTH (Mo/Day/Yr) July 10, 1948	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Gardnerville		15d STREET AND NUMBER 409 Diorite Road	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Thomas Franklin MORGAN				17 MOTHER/PARENT - NAME (First Middle Last Suffix) Mary Margaret LEE			
18a INFORMANT- NAME (Type or Print) Stanford Fred WHITE				18b MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) 409 Diorite Road Gardnerville, Nevada 89460			
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) NORMA M FINKES		20b FUNERAL DIRECTOR LICENSE NUMBER FD967		20c NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmerelda Place 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) [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) STEVEN WILLIAM WARFIELD SIGNATURE AUTHENTICATED			
21b DATE SIGNED (Mo/Day/Yr) November 25, 2021		21c HOUR OF DEATH		22b DATE SIGNED (Mo/Day/Yr) November 25, 2021		22c HOUR OF DEATH 15:09	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22d PRONOUNCED DEAD (Mo/Day/Yr) October 23, 2021		22e PRONOUNCED DEAD AT (Hour) 15:09	
23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Steven William Warfield P.O. Box 218 Minden, NV 89423						23b LICENSE NUMBER	
24a REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED				24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 29, 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) Cardiac Arrest						Interval between onset and death	
(b) Due To Atherosclerotic Cardiovascular Disease						Interval between onset and death	
(c) Unknown Etiology						Interval between onset and death	
(d)						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) No	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes							
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

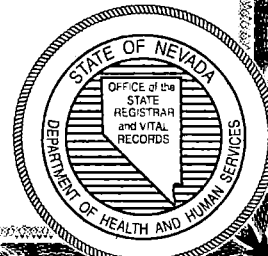
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

Joe Shugh

DATE ISSUED: 12/6/2021

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