

RECORDING REQUESTED BY:

COLLEEN NEFF

When RECODED AL TO:

COLLEEN NEFF
PO Box 172
Coleville, CA 96107



KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH OF JOINT TENANT

Assessor's Parcel Number: 1220-2210-084

State of Nevada)
County of Douglas) ss

MARGARET NEFF, of legal age, being first duly sworn, deposes and says: That GLENN FRANLIN NEFF, JR, the decedent mentioned in the attached certificate copy of Certificate of Death, is the same person as GLEN NEFF, named as one of the parties in that certain GRANT, BARGAIN and SALE DEED dated November 30, 2010, executed by KENYON B. JARVIS and JOLINDA B. JARVIS, husband and wife as joint tenants, to GLEN NEFF and MARGARET NEFF, husband and wife as joint tenants, recorded as instrument No. 774830 on December 3, 2010, in Book 1210 Page 612 of Records of Douglas County, Nevada, covering the following described property situated in the said County, State of Nevada:

LOT 142, AS SHOWN ON THE OFFICIAL MAP OF GARDNERVILL RANCHOS UNIT NO. 5, FILED FOR RECORD NOVEMBER 4, 1970 IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 50056.

Subject to:

1. All general and special taxes for the current fiscal year.
2. Covenants, Conditions, Restrictions, Reservations, Rights, Rights of way and Easement now of record.

TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents issues or profits thereof.

That the value of all real and personal property owned by the said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$ 550,000. -

MARGARET NEFF
Print Name

Margaret Neff
Signature

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of MONO

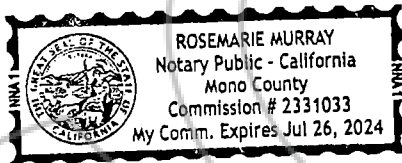
Subscribed and sworn to (or affirmed) before me
on this 26 day of FEBRUARY, 2022,
by Date Month Year

(1) MARGARET NEFF

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence
to be the person(s) who appeared before me.

Signature Rosemarie Murray
Signature of Notary Public



Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: AFFIDAVIT DEATH OF JOINT TENANT Document Date: 2/26/2022

Number of Pages: ONE Signer(s) Other Than Named Above: NONE

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4198643

CERTIFICATE OF DEATH

2021006454
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Glenn Franklin NEFF JR		2. DATE OF DEATH (Mo/Day/Year) February 17, 2021		3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 80		7b. UNDER 1 YEAR (MOS DAYS)		7c. UNDER 1 DAY (HOURS MINS)	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Iowa		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) Margaret Colleen KLAUS			
PARENTS	13. SOCIAL SECURITY NUMBER [REDACTED]-9100		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE California		15b. COUNTY Mono		15c. CITY, TOWN OR LOCATION Coleville	
DISPOSITION	15d. STREET AND NUMBER 101 Pattison Ln		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Glenn Franklin NEFF	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Nellie Frances VANSANT		18a. INFORMANT- NAME (Type or Print) Margaret Colleen NEFF			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 172 Coleville, California 96107		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		20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN THOMAS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861	
CERTIFIER	20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410		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 AUTHENTICATED SHANNON H BEAL MD			
	21b. DATE SIGNED (Mo/Day/Yr) March 12, 2021		21c. HOUR OF DEATH 15:47		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
REGISTRAR	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)			
CAUSE OF DEATH	22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Shannon H Beal MD 1375 Vista Lane Carson City, NV 89703		23b. LICENSE NUMBER 15684	
	24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 12, 2021		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I		Interval between onset and death			
	(a) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF: Coronary Artery Disease		1 Min			
(b) N/a DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
(c) N/a DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
(d) N/a 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. Symptomatic Carotid Artery Disease		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		28h. STREET OR R.F.D. No. CITY OR TOWN STATE		



CERTIFIED COPY OF VITAL RECORDS

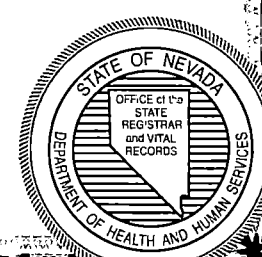
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

Sharon [Signature]

DATE ISSUED:

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