



KAREN ELLISON, RECORDER

**APN: 1420-18-113-025**

**WHEN RECORDED MAIL TO:**

Handelin Law, LTD.  
PO Box 4568  
Carson City, NV 89702

**MAIL TAX NOTICES TO:**

Carolyn Joly  
3363 Vista Grande Blvd.  
Carson City, NV 89705

**AFFIDAVIT OF DEATH OF JOINT TENANT**

I, Carolyn Doane Joly, being first duly sworn, deposes and says:

That Jean-Michael Joly, the decedent mentioned in the attached certified copy of the Certificate of Death is the same person as Jean-Michael Joly, named as one of the parties in that certain deed dated February 19, 1980, and executed by James Lee transferring title to Jean-Michael Joly and Carolyn Doane Joly, husband and wife as joint tenants, with right of survivorship recorded on February 19, 1980 as Document No. 41640 of the Official Records of Douglas County, Nevada, covering the real property known as 3363 Vista Grande Blvd., Carson City, Nevada 89705 and as described as follows:

**Lot 215 of Block C as shown on the plat of Silverado Heights No. 2, filed for record in the office of the County Recorder of Douglas County, Nevada, as Document No. 33717, on June 20, 1979.**

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.

Pursuant to NRS 440.380, the attached certified Death Certificate contains the social security of the Decedent.

Pursuant to NRS 111.312, this legal description was previously recorded on **February 19, 1980 as Document No. 41640.**

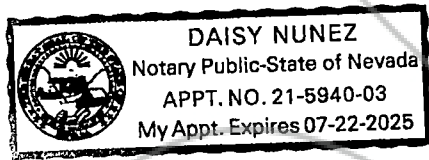
I declare under penalty of perjury, that the foregoing is true and correct.

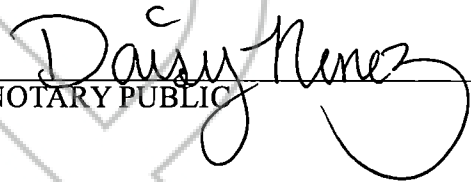
DATED this 14 day of March, 2022.

  
CAROLYN DOANE JOLY

STATE OF NEVADA     )  
                                  : ss.  
CARSON CITY         )

This instrument was acknowledged before me on the 14<sup>th</sup> day of March, 2022, by Carolyn Doane Joly.

  
DAISY NUNEZ  
Notary Public-State of Nevada  
APPT. NO. 21-5940-03  
My Appt. Expires 07-22-2025

  
NOTARY PUBLIC

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

STATE FILE NUMBER  
**2009001557**

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) <b>Jean Michel JOLY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 24, 2009</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>3363 Vista Grande Blvd.</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify)	
4. SEX <b>Male</b>		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>59</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>May 15, 1949</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>France</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>13</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Carolyn DOANE</b>	
13. SOCIAL SECURITY NUMBER <b>4463</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Craps Dealer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Gaming</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
15d. STREET AND NUMBER <b>3363 Vista Grande Blvd.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER - NAME (First Middle Last Suffix) <b>Roger JOLY</b>	
17. MOTHER - NAME (First Middle Last Suffix) <b>Michelle BARRQUT</b>		18a. INFORMANT- NAME (Type or Print) <b>Carolyn JOLY</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>3363 Vista Grande Blvd. Carson City, Nevada 89705</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenrys Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b>		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701</b>	
20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701</b>		21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) <b>CESAR PASION UDANI M.D.</b>		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) <b>February 05, 2009</b>		21c. HOUR OF DEATH <b>17:13</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22e. PRONOUNCED DEAD AT (Hour)	
22d. PRONOUNCED DEAD (Mo/Day/Yr)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Cesar Pasion Udani M.D. 2527 N Carson St. #190 Carson City, NV 89701</b>		23b. LICENSE NUMBER <b>11188</b>	
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 09, 2009</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 09, 2009</b>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		26. AUTOPSY (Specify Yes or No) <b>No</b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28b. DATE OF INJURY (Mo/Day/Yr)		28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)	
28c. HOUR OF INJURY		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	
28d. DESCRIBE HOW INJURY OCCURRED		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

92699 56826

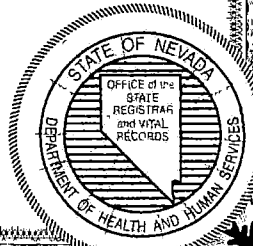
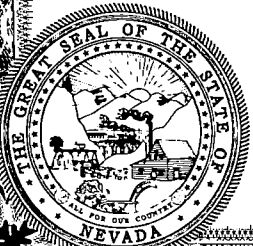
**256813** CERTIFIED COPY OF VITAL RECORDS

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: **02/09/2009**

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

*Rnd White*  
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-2008T