

A.P.N.: 1320-32-612-004
File No: 121-2650298 (TK)

When Recorded return to, and mail Tax Statements to:
Mark J. Nagy
1512 Church Street
Gardnerville, NV 89410

AFFIDAVIT - TERMINATING JOINT TENANCY

Mark J. Nagy, of legal age, being first duly sworn, deposes and says:

That **Kimberley L. Nagy**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Kimberley L. Nagy** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **09/01/2010** executed by **Mark J. Nagy, a married man as his sole and separate property to Mark J. Nagy and Kimberley L. Nagy, husband and wife as joint tenants with right of survivorship** as joint tenants, recorded as Document No. **0770954** on **09/22/2010** in Book **N/A** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

THE NORTH 26 FEET OF LOT 4 AND THE SOUTH 52 FEET OF LOT 5 IN BLOCK D AS SHOWN ON THE MAP OF WEST ADDITION TO THE TOWN OF GARDNERVILLE, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON MARCH 14, 1958, IN BOOK 1 OF MAPS, AS DOCUMENT NO. 13016.

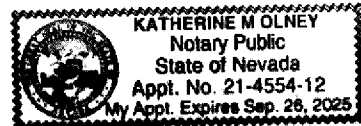
Mark J. Nagy

4-1-22

Mark J. Nagy

Date

STATE OF **NEVADA**)
) :ss.
COUNTY OF *Douglas*)



This instrument was acknowledged before me on this:
1st day of *April*, 2022

By: **Mark J. Nagy**

Katherine M. Olney

Notary Public

(My commission expires: *9/26/2025*)

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4209237

2021010068
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) Kimberley Lee NAGY		2. DATE OF DEATH (Mo/Day/Year) April 21, 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 or number) 1512 Church Street		3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 61		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) February 25, 1960		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		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Mark NAGY	
13. SOCIAL SECURITY NUMBER 6794		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of HOUSEWIFE		14b. KIND OF BUSINESS OR INDUSTRY HOME	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1512 Church Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Richard TURNER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Bonnie SCHOENBECK		
18a. INFORMANT- NAME (Type or Print) Mark NAGY			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1512 Church Street Gardnerville, Nevada 89410		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Cremations 1600 Buckeye Rd 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) JUSTIN T DAVIS 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) JUSTIN T DAVIS SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) June 28, 2021		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) June 28, 2021	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 17:17		22d. PRONOUNCED DEAD (Mo/Day/Yr) April 21, 2021	
22e. PRONOUNCED DEAD AT (Hour) 17:17		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Justin T Davis P O Box 218 Minden, NV 89423		23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) SHANA B RHINEHART SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 28, 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) Acute Bacterial Pneumonia Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Overdose Mixed Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(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 I. Overdose-Mixed; Combined Acute Hydrocodone, Diphenhydramine And Dextromethorphan Toxicity; Chronic Ethanol Abuse				26. AUTOPSY (Specify Yes or No) Yes	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT			
28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED Acute Bacterial Pneumonia, Sub Manner-Overdose-Mixed, Combined Acute Hydrocodone, Diphenhydramine And Dextromethorphan Toxicity, Chronic Ethanol Abuse	
28e. INJURY AT WORK (Specify Yes or No) 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 1512 Church Street, Gardnerville, NV 89410 Nevada	

000875270



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: **6/30/2021**

Shana B Rhinehart
STATE REGISTRAR

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

