

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT DOES CONTAIN A SOCIAL SECURITY NUMBER AS REQUIRED BY LAW NRS 440.380(1)(a) and NRS 40.525(5)



KAREN ELLISON, RECORDER

APN: 1420-34-710-018

WHEN RECORDED MAIL TO:

SUNNY A. MARTIN  
2678 East Valley Road  
Minden, NV 89423

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

### AFFIDAVIT OF DEATH OF JOINT TENANT

SUNNY A. MARTIN being first duly sworn, deposes and says:

1. MARY JUNE MARTIN died on March 6, 2022 and a certified copy of her Death Certificate is attached hereto as Exhibit A.
2. That at the date of her death, said MARY JUNE MARTIN was an owner in joint tenancy with the Affiant of certain real property located in Douglas County, State of Nevada, described as:

LOT 18 OF SIERRA VIEW SUBDIVISION, ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON APRIL 18, 1960, IN BOOK 02, PAGE 105, AS DOCUMENT NO. 15897.

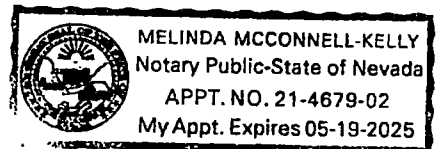
3. That said joint tenancy was created by a Deed dated November 9, 2010 and recorded on November 22, 2010 as File No. 774341, in the Douglas County Recorder's Office.
4. That upon the death of MARY JUNE MARTIN, the Affiant became the sole owner of the above-described property as her sole and separate property.

Signature, SUNNY A. MARTIN

State of Nevada )  
CARSON CITY )

Subscribed and Sworn to me on April 19, 2022, by SUNNY A. MARTIN who personally appeared before me, a Notary Public, and executed the above document.

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. 4271772

**CERTIFICATE OF DEATH**

2022006383  
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) <b>Mary June MARTIN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 06, 2022</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>2678 E. Valley Road</b>		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>82</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Nebraska</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]-2890</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>HORSES</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>2678 E. Valley Road</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>April 13, 1939</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Wallace Clark JOHNSON</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Florence Neva HASTINGS</b>		
18a. INFORMANT - NAME (Type or Print) <b>Sunny MARTIN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2678 E. Valley Road Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>		19c. LOCATION City or Town State <b>Sparks Nevada 89431</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>HARRISON CODY BILLIAN</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD943</b>		20c. NAME AND ADDRESS OF FACILITY <b>Nevada Funeral Services 3094 Research Way #63 Carson City NV 89706</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>REED DOPF MD</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>March 09, 2022</b>		21c. HOUR OF DEATH <b>00:55</b>		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
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)	
				22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Reed Dopf MD 907 Mountain Street Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>13920</b>	
24a. REGISTRAR (Signature) <b>DARAN GRISSOM</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 10, 2022</b>		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) <b>Respiratory Arrest</b> Interval between onset and death					
(b) <b>Acute Respiratory Failure</b> Interval between onset and death					
(c) <b>Stroke</b> Interval between onset and death					
(d) <b>Atherosclerotic Cerebrovascular Disease</b> 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 <b>Unspecified Dementia, Hypertension</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
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	



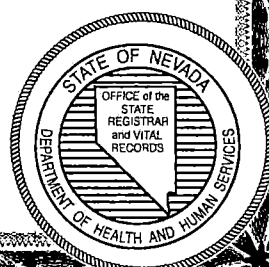
**CERTIFIED COPY OF VITAL RECORDS**

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.

DATE ISSUED: **3/17/2022**

*[Signature]*  
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