

APN# 1022-14-001-011

Recording Requested by:

Name: Ross L. Ribarich
Address: 4040 Sunrise Court
City/State/Zip: Wellington, Nevada 89444

When Recorded Mail to:

Name: Ross L. Ribarich
Address: 4040 Sunrise Court
City/State/Zip: Wellington, Nevada 89444

Mail Tax Statement to:

Name: Ross L. Ribarich
Address: 4040 Sunrise Court
City/State/Zip: Wellington, Nevada 89444

DOUGLAS COUNTY, NV **2022-985990**
Rec:\$40.00
\$40.00 Pgs=5 **06/06/2022 12:59 PM**
THE LAW OFFICE OF ANGIE M ELQUIST PLLC
KAREN ELLISON, RECORDER

(for Recorder's use only)

AFFIDAVIT OF SURVIVING JOINT TENANT
(Title of Document)

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons.
(Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law: NRS 440.380 (1)(A) and NRS 40.525 (5)
(State specific law)

 _____
Signature Title

Ross L. Ribarich
Printed Name

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

APN: 1022-14-001-011

Recording requested by
and when recorded mail to:

Ross L. Ribarich
4040 Sunrise Court
Wellington, Nevada 89444

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

I, ROSS L. RIBARICH, being first duly sworn, deposes and states as follows:

1. PAULA MATHEWS aka PAULA FAYE MATHEWS, died on April 19, 2022, in Carson City, Nevada. A copy of the State of Nevada, Vital Records, Certificate of Death is attached hereto as **Exhibit 1**.

2. On April 23, 2019, a Quitclaim Deed was recorded as Document No. 2019-928154, by the Douglas County Recorder's Office, conveying title to the property located at 4040 Sunrise Court, Wellington, Nevada 89444, to ROSS L. RIBARICH, and PAULA MATHEWS, husband and wife, as joint tenants.

3. The property is located at 4040 Sunrise Court, Wellington, Nevada 89444, and more particularly described as:

Lot 9, in Block A, as shown on the Map of TOPAZ RANCH ESTATES UNIT NO. 4, filed in the Office of the County Recorder of Douglas County, Nevada, on November 16, 1970, in Book 1, of Maps, Page 224, as Document No. 50212.

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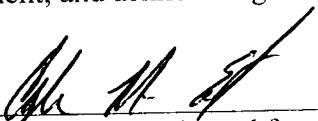
4. As the surviving joint tenant, I hereby assert my right of survivorship to title to the above-described real property.

DATED: June 6, 2022.



ROSS L. RIBARICH

SUBSCRIBED AND SWORN to on, June 6, 2022, before me, a Notary Public in and for said County and State, ROSS L. RIBARICH, who personally appeared and proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed to the foregoing instrument, and acknowledged to me that they executed the same.



NOTARY PUBLIC, in and for the County of Washoe, State of Nevada

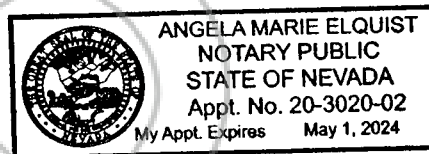


EXHIBIT 1

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4279278

CERTIFICATE OF DEATH

2022010431
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Paula Faye MATHEWS		2. DATE OF DEATH (Mo/Day/Year) April 19, 2022		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 ar number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer Rm. Inpatient(Specify) Intensive Care Unit (ICU)	
DECEDENT	4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 80		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) April 01, 1942		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) Ross Lee RIBARICH	
PARENTS	13. SOCIAL SECURITY NUMBER 1342		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) COMPUTER TECHNICIAN		14b. KIND OF BUSINESS OR INDUSTRY Information Technologies	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
DISPOSITION	15d. STREET AND NUMBER 4040 Sunrise Court		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Paul MATHEWS	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Faye FRITZ		18a. INFORMANT- NAME (Type or Print) Ross RIBARICH		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4040 Sunrise Court Wellington, Nevada 89444	
TRADE CALL	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 SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD967		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
CERTIFIER	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 AMANDA M GRIFFITH DO		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) April 21, 2022		21c. HOUR OF DEATH 12:07		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Nathan Ho DO		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Amanda M Griffith DO 1600 Medical Pkwy Carson City, NV 89703		23b. LICENSE NUMBER DO1685		24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 26, 2022		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	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Cardiopulmonary Arrest		Interval between onset and death		26. AUTOPSY (Specify Yes or No) No	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) Acute Hypoxemic Respiratory Failure		Interval between onset and death		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
	(c) Takotsubo Cardiomyopathy		Interval between onset and death		28a. ACC, SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	
(d) Acute ST-elevation Myocardial Infarction		Interval between onset and death		28b. DATE OF INJURY (Mo/Day/Yr)		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Chronic Obstructive Pulmonary Disease, Right upper lobe Cavitory Lung Lesion, Pulmonary Fibrosis, Bronchiectasis, Atrial Fibrillation, Unknown Etiology		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

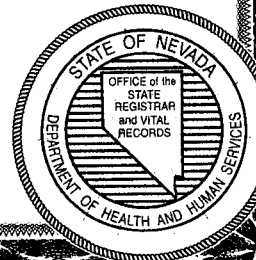
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

Alex Skyles

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