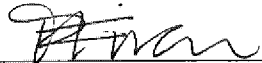


This document includes a certified death certificate as required by NRS 40.525 (5) which contains a social security number as required by NRS 440.380(1)(a).



Anderson, Dorn & Rader, Ltd.

APN: 1318-22-002-060

RECORDING REQUESTED BY:

Bryce L. Rader, Esq.
Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

WHEN RECORDED MAIL TO:

Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway #860
Reno, Nevada 89521

MAIL TAX STATEMENTS TO:

Jerry Kirvida
P.O. Box 12055
Zephyr Cove, NV 89448

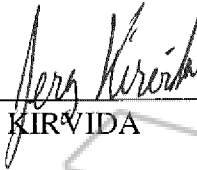
AFFIDAVIT OF DEATH OF JOINT TENANT

I, JERRY KIRVIDA, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) That by Deed dated May 22, 2015, a joint tenancy was created between JERRY KIRVIDA and OPHELIA KIRVIDA, husband and wife, as joint tenants, recorded as document number 2015-864504 on June 17, 2015, in the Official Records of Douglas County, Nevada.
- (2) That OPHELIA KIRVIDA deceased on January 7, 2022, in the City of Reno, Washoe County, Nevada. A certified copy of the death certificate is attached hereto.
- (3) That I am the sole surviving joint tenant of OPHELIA KIRVIDA.

(4) That the property subject to joint tenancy is described in Exhibit "A" attached.

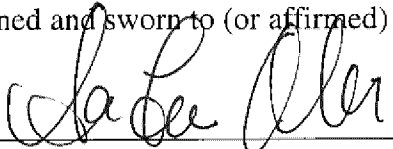
Executed on June 7, 2022, at Reno, Nevada.



JERRY KIRVIDA

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

Signed and sworn to (or affirmed) before me on June 7, 2022, by JERRY KIRVIDA.



Notary Public



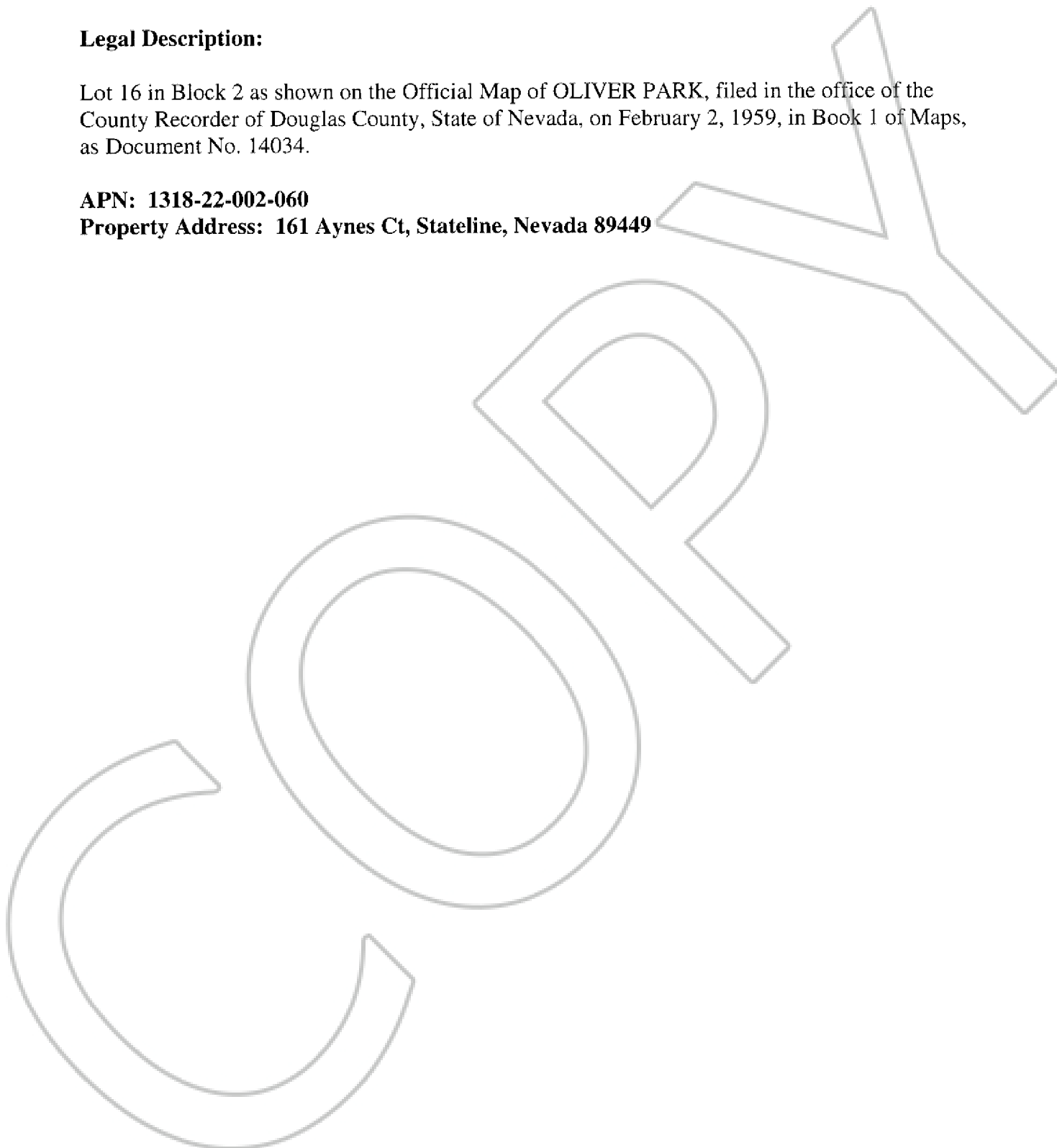
Exhibit "A"

Legal Description:

Lot 16 in Block 2 as shown on the Official Map of OLIVER PARK, filed in the office of the County Recorder of Douglas County, State of Nevada, on February 2, 1959, in Book 1 of Maps, as Document No. 14034.

APN: 1318-22-002-060

Property Address: 161 Aynes Ct, Stateline, Nevada 89449



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4259590

CERTIFICATE OF DEATH

202200703
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

Cremation

TRADE CALL

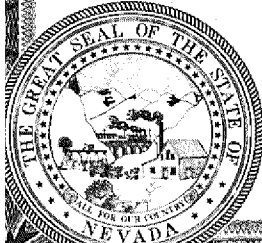
CERTIFIER

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) Ophelia Anastasia KIRVIDA		2. DATE OF DEATH (Mo/Day/Year) January 07, 2022		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify Yes	
7a. AGE-Last birthday (Years) 74		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 18, 1947		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Jerry KIRVIDA	
13. SOCIAL SECURITY NUMBER ██████████-7865		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) NURSE		14b. KIND OF BUSINESS OR INDUSTRY MEDICAL	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Stateline	
15d. STREET AND NUMBER 161 Aynes Court		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix)	
17. MOTHER/PARENT - NAME (First Middle Last Suffix)		18a. INFORMANT- NAME (Type or Print) Jerry KIRVIDA		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) P.O. Box 12055 Zephyr Cove, Nevada 89448	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) KENNETH BOWMAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD806		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Northern Nevada 8056 S. Virginia St., #3 Reno NV 89511	
TRADE CALL - NAME AND ADDRESS McFarlane Mortuary 887 Emerald Bay Road South Lake Tahoe CA 96150					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) ANN M EGAN APRN SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) January 10, 2022		21c. HOUR OF DEATH 11:09	
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) Ann M Egan APRN 1155 Mill Street Reno, NV 89502				23b. LICENSE NUMBER APRN002668	
24a. REGISTRAR (Signature) CARMEN M MENDOZA SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 18, 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 (a) Hemorrhagic Shock DUE TO, OR AS A CONSEQUENCE OF: (b) Undetermined Etiology DUE TO, OR AS A CONSEQUENCE OF: (c) _____ 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 1. Type 2 Diabetes, Acute Blood Loss Anemia, Coronary Artery Disease, Pulmonary Hypertension, Atrial Fibrillation				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 STREET OR R.F.D. No. CITY OR TOWN STATE			



000450621

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.

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED: 1/20/2022 This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

