

DOUGLAS COUNTY, NV

2022-986273

Rec:\$40.00

\$40.00

Pgs=5

06/14/2022 08:59 AM

FIRST CENTENNIAL - RENO (MAIN OFFICE)

KAREN ELLISON, RECORDER

APN No.: **1420-30-002-018**

Escrow No.: **22027928-DC**

Recording Requested By:
First Centennial Title Company of Nevada
896 W Nye Ln, Ste 104
Carson City, NV 89703

When Recorded Return to:
First Centennial Title Company of Nevada
896 W Nye Ln, Ste 104
Carson City, NV 89703

Mail Tax Statements to:
Ryan Paul Lippincott
Hwy 395 (Commercial property with minor improvements)
Minden, NV 89423


SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF 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 contain the social security number of a person or persons as required by law: NRS440.380(i)(a) & 40.525(5) (state specific law).



SIGNATURE

ESCROW OFFICER

TITLE

DENISE CLARK

Print Signature

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.

SPACE BELOW FOR RECORDER

APN: 1420-30-002-018
Escrow No. 22027928-DC

When Recorded Return to:
Richard Bacus
P.O. Box 411
Virginia City, Nevada 89440

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF JOINT TENANT

Richard Bacus, of legal age, being duly sworn, deposes and says

That the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Doreen Bacus named as one of the Beneficiaries in that certain Deed of Trust with Assignment of Rents executed by Ryan Paul Lippincott, a single man, as Trustor to Richard Bacus and Doreen Bacus, husband and wife, as joint tenants, as Beneficiaries, recorded June 29, 2020, as Instrument No. 2020-948344, Official Records of Douglas County, Nevada, covering the following described property.

LEGAL DESCRIPTION ATTACHED HERETO AS EXHIBIT "A" AND MADE A PART HEREOF

Richard Bacus
Richard Bacus

Dated: May 26, 2022

STATE OF NEVADA

COUNTY OF Carson

This instrument was acknowledged before me on this 26th day of May, 2022, by
Richard Bacus

Jennifer M Perasso
Notary Public

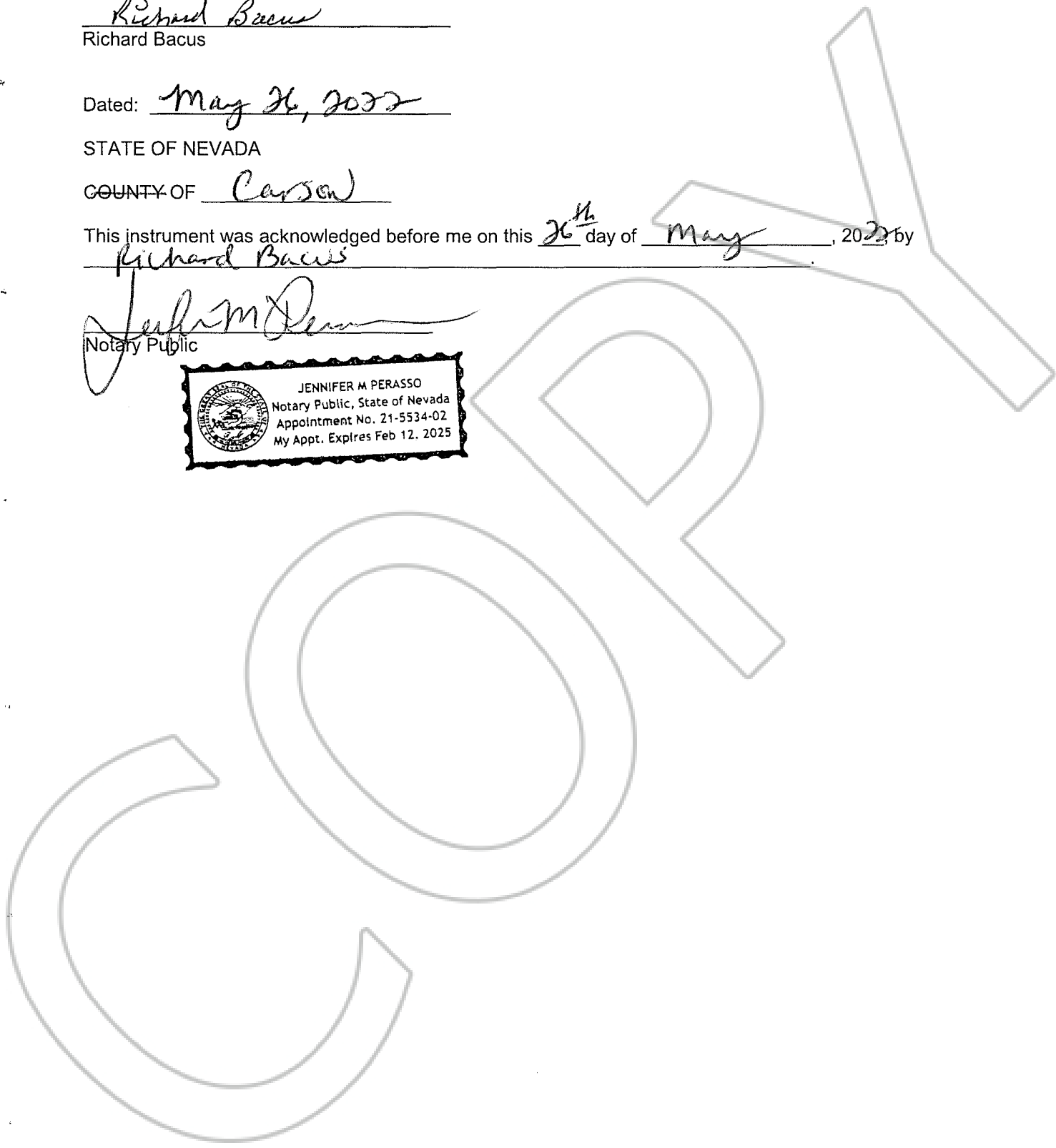
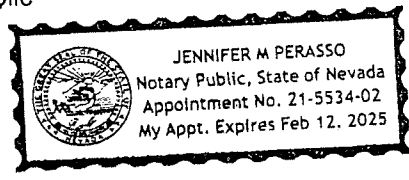
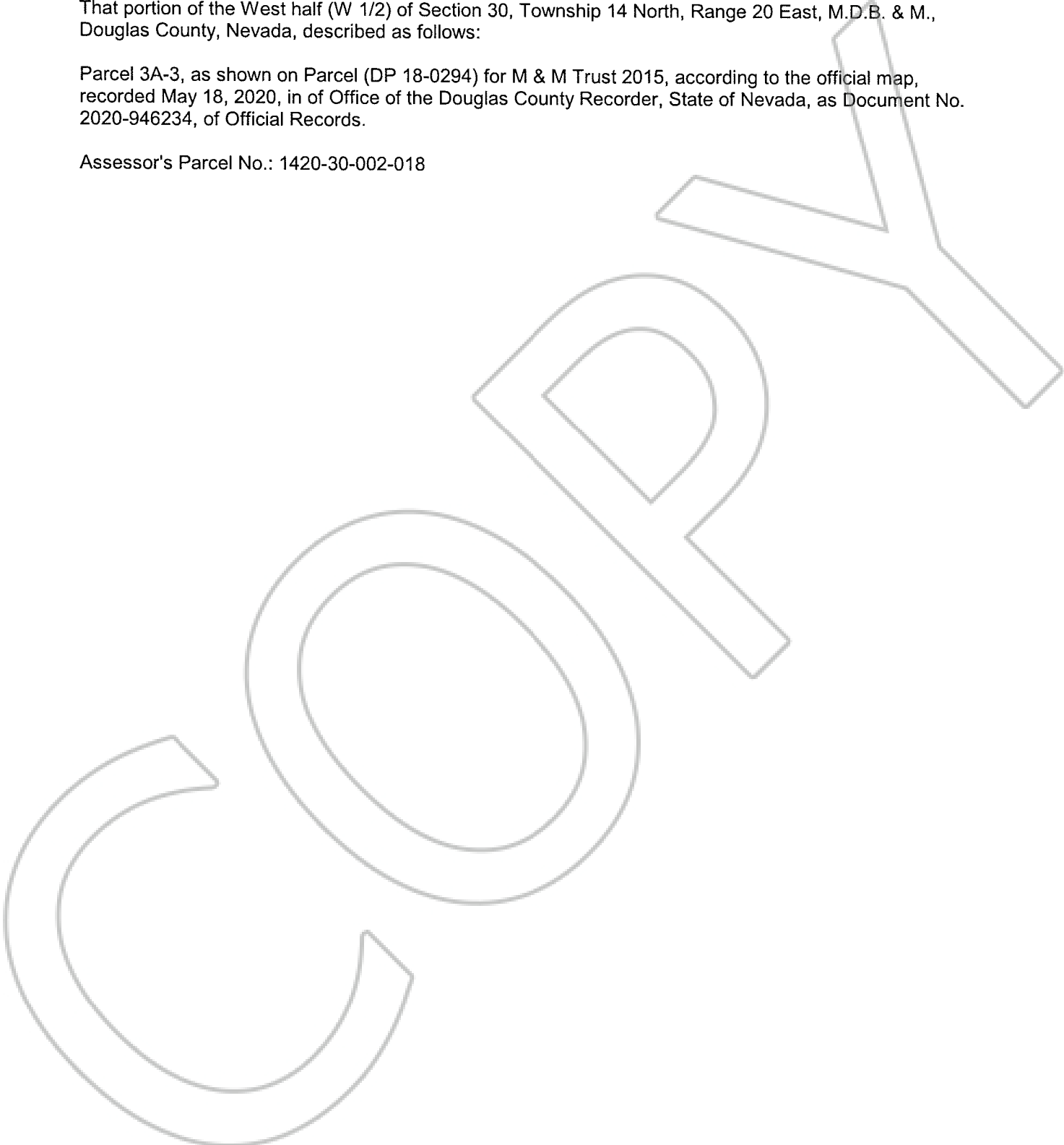


EXHIBIT A

That portion of the West half (W 1/2) of Section 30, Township 14 North, Range 20 East, M.D.B. & M., Douglas County, Nevada, described as follows:

Parcel 3A-3, as shown on Parcel (DP 18-0294) for M & M Trust 2015, according to the official map, recorded May 18, 2020, in of Office of the Douglas County Recorder, State of Nevada, as Document No. 2020-946234, of Official Records.

Assessor's Parcel No.: 1420-30-002-018



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4165250

CERTIFICATE OF DEATH

2020019441
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) Doreen Karen BACUS		2. DATE OF DEATH (Mo/Day/Year) September 01, 2020		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) Inpatient	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 71	
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) Richard Arnold BACUS		8. DATE OF BIRTH (Mo/Day/Yr) March 16, 1949	
13. SOCIAL SECURITY NUMBER ██████████ 2480		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Clerk: Treasurer)		14b. KIND OF BUSINESS OR INDUSTRY Storey County Treasurer	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Storey		15c. CITY, TOWN OR LOCATION Virginia City	
15d. STREET AND NUMBER 110 S P St		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Kenneth Francis BOCHE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Dorothy Marie PETERSON		
18a. INFORMANT - NAME (Type or Print) Richard Arnold BACUS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 110 S P St Virginia City, Nevada 89440			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) CRAIG RAU MD SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) September 08, 2020		21c. HOUR OF DEATH 09:22			
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) Craig Rau MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 10991	
24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 08, 2020		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				Interval between onset and death	
(a) Acute Cardiorespiratory Failure					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Aspiration Pneumonia					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Intestinal Obstruction					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Non-infectious Hepatitis					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Unknown Etiology					
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	



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: 9/28/2020

Wesley T Storey
STATE REGISTRAR

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

