A.P.N. No.:	1220-21-810-034
File No.:	1701083 SA
F	lecording Requested By:
	Stewart Title Company
1	When Recorded Mail To:
Christopher :	Short and Nicole Sparks
1212 Scottso	lale Way
Modesto, CA	95355

DOUGLAS COUNTY, NV
Rec:\$40.00
\$40.00
Pgs=6
STEWART TITLE COMPANY - NV
KAREN ELLISON, RECORDER

(for recorders use only)

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 not contain the social security number of any person or persons. (Per
	NRS 239B.030)
	-OR-
\boxtimes	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
	~ \ \ \
Name and Address of the Owner, where	
-	
	$\# \alpha $
$M_{\rm b}$	Escrow Assistant
griati	ire Title

Cynthia Haggard Print Signature

THIS DOCUMENT IS EXECUTED IN COUNTERPART

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)

A.P.N. No.:	1220-21-810-03	34
File No.:	1701083 CH	
F	Recording Requ	ested By:
	Stewart Title Co	ompany
Mail Tax Sta	tements To:	Same as below
1	When Recorded	Mail To:
Christopher :	Short and Nicole	Sparks1212
1212 Scottso	iale Way	
Modesto, CA	95355	

AFFIDAVIT - DEATH OF JOINT TENANT

State of Nevada)
) ss
County of Carson City)

Christopher Short and Nicole Sparks, of legal age, being first duly sworn, deposes and says: That Charles Rivas, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Charles Rivas named as one of the parties in that certain Grant, Bargain and Sale Deed dated April 24, 2019 executed by Poker Brown LLC, a Delaware Limited Liability Company to Charles Rivas and Debra Rivas, husband and wife as joint tenants with rights of survivorship, recorded on May 14, 2019 as Document No. 2019-929019, of Official Records of Douglas CountyNevada, covering the following described property situated in Douglas County, State of Nevada.

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 89, of GARDNERVILLE RANCHOS UNIT NO. 7, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on March 27, 1974, in Book 374, Page 676, as File No. 72456.

Dated: June 11 , 2022.

Christopher Short	ho	_		
Nicole Sparks		- <		$\neg 1$
State of County of This instrument was a By: Christopher Shor)) ss) acknowledged before me on	theday of		, 2022
Signature: Notary Put		s	ee attached]	Notary Certificat
State of County of	}ss			,
This instrument was a By: Nicole Sparks Signature: Notary Pub	acknowledged before me on	the day of		, 2022

ALL-PURPOSE ACKNOWLEDGMENT

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate attached, and not the truthfulness, accuracy, or validity of that document.	
State of California County of Humbold	} ss.
On June 11th 222 , before me, _	Eric Leben, Notary Public,
personally appeared Christopher Sh	, who proved to me on the
basis of satisfactory evidence to be the person(s)	whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
ERIC LEBON COMM. # 228.3963 NOTEXY PUBLIC CALIFORNIA VI HUMPOCRY COUNTY MY COMM. EXP. Fac. 6, 2022	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.
	WITNESS my hand and official seal.
PLACE NOTARY SEAL IN ABOVE SPACE	NOTARY'S SIGNATURE
	LINFORMATION ————————————————————————————————————
The information below is optional. However, it m of this form to an unauthorized document.	ay prove valuable and could prevent fraudulent attachment
CAPACITY CLAIMED BY SIGNER (PRINCIPAL)	DESCRIPTION OF ATTACHED DOCUMENT
☐ INDIVIDUAL	DESCRIPTION OF ATTACHED DOCUMENT
CORPORATE OFFICER	TITLE OR TYPE OF DOCUMENT
PARTNER(S)	THE ON THE OF BOOMMAN
ATTORNEY-IN-FACT	NUMBER OF PAGES
GUARDIAN/CONSERVATOR	
SUBSCRIBING WITNESS	DATE OF DOCUMENT
OTHER:	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	OTHER
CYCLUD (DDINGTELL) AS DEDOCUEDAD	RIGHT E
SIGNER (PRINCIPAL) IS REPRESENTING: NAME OF PERSON(S) OR ENTITY(IES)	RIGHT THUMBPRINT OF SIGNER odd
	Ę

Christopher Short	
Nicole Sparks	7/
State of )	
County of )ss	
This instrument was acknowledged before me on the day of  By: Christopher Short	, 2022
Signature: Notary Public	
Notary Public	
State of California )  State of California )  Sss  County of San Joaquin )	
This instrument was acknowledged before me on the U day of June  By: Nicole Sparks	, 2022
Comm. Notary Put San Joaq	MCHHOUN #2250416 E plic - California g puin County es July 19, 2022



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

VITAL STATISTICS CERTIFICATE OF DEATH

2021023987

B. CICY TOWN, OR LOCATION OF DEATY (Septiminal Decided National Processing Control Care Control Control Care Control Control Control Control Care Control Cont	STATE FILE NUMBER	STATE FIL				umid sesses cal	TYPE OR
BELACK INK  So. CITY. TOWN, OR LOCATION OF DEATH S. HOSPITEAL OR OTHER INSTITUTION-names three, gloss stoled at Set 1 feet, or line. Impairs to Carson City  Carson Tahoé, Regional Medical Conter  Town Most David Set 1 feet, or line. Impairs to Carson City  S. RACE (speed)  Nythie  V. Death Set 1 feet 1	in 3a. COUNTY OF DEATH	2. DATE OF DEATH (Mo/Day/Year) 3a.		The state of the s	The second that yes	TO THE TOTAL TO THE TAX TO THE TA	
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Carson City   Carson City   Carson Tables   Ca	ate DOA,OP/Emer-Rm. 4. SEX	r, dive street an 3e. If Hosp, or Inst. indicate DOA OF	V-Name(If not either, give	SPITAL OR OTHER INSTITU	IQN OF DEATH 3c. HC	3b. CITY, TOWN, OR LOCATIO	BLACKINK
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ARENTS  13. SOCIAL SECUNITY NUMBER 148. USUAL OCCUPATION (GNEKING STWANS DATE DURING ST OF SUSINESS OR INDUSTRY) 159. RESIDENCE - STATE 1	E'S NAME (Last name prior to first marriage)	TATUS (Specify) 12. SURVIVING-SPOUSE'S NAME (L	ATION 11 MARITAL STATUS	OF WHAT COUNTRY 10 E	JS/CA, 95. CITIZEN	9a, STATE OF BIRTH (If not US	F DEATH
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Nevada Douglas Gardnerville 666 Joetle Dr  16. FATHERPARENT - NAME (First Middle Last Suffix)  Lawrence RIVAS  Consuelo CONTRERAS  18a. INFORMANT. NAME (First Middle Last Suffix)  18b. MAILING ADDRESS  18a. INFORMANT. NAME (First Middle Last Suffix)  19a. BURIAL, GREMATION, REMOVAL, OTHER (Specify)  19a. BURIAL, GREMATION, REMOVAL, OTHER (Specify)  19b. CEMETERY OR CREMATION - NAME  Burial  Northern Nevada Veterans Cemetary  Femiley Nevada  20c. FUNERAL DIRECTOR - SIGNATURE (Or Perison Ading as Such)  CARLEN THOMAS  SIGNATURE AUTHENTICATED  DE CALL  TRADE CALL - NAME AND ADDRESS  22 September 30, 2021  22 September 30, 2021  22 Jul DATE SIGNED (MODBWY)  22a. NAME AND ADDRESS OF CERTIFIER (PRYSICIAN, ATTENDING PHYSICIAN, HEDICAL EXAMINE)  AND ADDRESS OF CERTIFIER (PRYSICIAN, ATTENDING PHYSICIAN MEDICAL EXAMINE)  22a. NAME AND ADDRESS OF CERTIFIER (PRYSICIAN, ATTENDING PHYSICIAN MEDICAL EXAMINE)  22b. DATE SIGNED (MODBWY)  22c. HOUR OF DEATH  SIGNATURE AUTHENTICATED  22c. MODRESS OF CERTIFIER (PRYSICIAN, ATTENDING PHYSICIAN MEDICAL EXAMINE)  22c. DATE SIGNED (MODBWY)  22c. HOUR OF DEATH  SIGNATURE AUTHENTICATED  22c. MODRESS OF CERTIFIER (PRYSICIAN, ATTENDING PHYSICIAN MEDICAL EXAMINE)  22c. DATE SIGNED (MODBWY)  22c. HOUR OF DEATH  SIGNATURE AUTHENTICATED  22c. MODRESS OF CERTIFIER (PRYSICIAN) ATTENDING PHYSICIAN MEDICAL EXAMINE  SIGNATURE AUTHENTICATED  22c. MODRESS OF CERTIFIER (PRYSICIAN) ATTENDING PHYSICIAN MEDICAL EXAMINE  SIGNATURE AUTHENTICATED  22c. MODRESS OF CERTIFIER (PRYSICIAN STREET)  22c. MODRESS OF CERTIFI	15e. INSIDE CITY		LOCATION 15d, STRE	15c. CITY, TOWN	15b. COUNTY	15a. RESIDENCE - STATE	ITEMS
S. PATHERPARENT - NAME (First Middle Last Suffix)   15. MOTHERPARENT - NAME (First Middle Last Suffix)   18. Lawrence RIVAS   18. NFORMANT - NAME (Type or Print)   18. LOCATION   18. CEMETERY OR CREMATORY - NAME   18. LOCATION   18. CLOCATION	LiMITS (Specify Yes	C lootte Du	المالين المالين	e Dard	Donalas	Novada	
Lawrence RIVAS    Bas. INFORMANT- NAME (Type or Print)   Sab. MALLING ADDRESS   Street or R.F.E. NA. City or Town, State, Zic)   Nicole SPARKS   Sab. MALLING ADDRESS   Screet or R.F.E. NAME. City or Town, State, Zic)   Sab. BURIAL, CREMATION, REMOVAL, OTHER, Specify   Sab. CEMETERY OR CREMATORY - NAME   Solid   Sab. BURIAL, CREMATION, REMOVAL, OTHER, Specify   Sab. CEMETERY OR CREMATORY - NAME   Solid   Sab. BURIAL, CREMATION, REMOVAL, OTHER, Specify   Sab. CEMETERY OR CREMATORY - NAME   Solid   Sab. CEMETERY OR CREMATORY - NAME   Solid   Sab. CEMETERY OR CREMATORY - NAME   Solid   Sab. CEMETERY   Sab. CEMETERY   Sab. CEMETERY   Sab. CEMETERY   Solid   Sab. CEMETERY   Sab. CEME	E8			sumater in the following			
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OSITION  15a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 15b. CEMETERY OB CREMATORY - NAME				JBb MAILIN		,	
DE CALL  TRADE CALL - NAME AND ADDRESS  RATHFIER  RAY H SEXTON MD  20a. NAME AND ADDRESS OF CRITIFIER (PHYSICIAN ATTENDING PHYSICIAN ATTENDING PHY	a 89410	Jeette Dr. Gardnerville, Nevada 89410	666 Joet				
20s. FUNERAL DIRECTOR - SIGNATURE (OF Person Ading as Said).  20s. FUNERAL DIRECTOR - SIGNATURE (OF Person Ading as Said).  20s. FUNERAL DIRECTOR - SIGNATURE AUTHENTICATED  DE CALL  TRADE CALL - NAME AND ADDRESS  FD861  1281 N Roop Carson City NV 8970  TRADE CALL - NAME AND ADDRESS  FD861  1281 N Roop Carson City NV 8970  225 Interpretable of my knowledge, death obtainer of the min, date and place and due to the cause(s) stated, (Signature & Title).  SIGNATURE AUTHENTICATED  225 Interpretable of my knowledge, death obtainer of the min, date and place and due to the cause(s) stated, (Signature & Title).  SIGNATURE AUTHENTICATED  226 Interpretable of my knowledge, death obtainer of the min, date and place and due to the cause(s) stated, (Signature & Title).  SIGNATURE AUTHENTICATED  226 Interpretable of my knowledge, death obtainer of the min, date and place and due to the cause(s) stated, (Signature & Title).  SIGNATURE AUTHENTICATED  227 Interpretable of my knowledge, death obtainer & Signature & Title).  228 Interpretable of my knowledge, death obtainer & Signature & Title).  SIGNATURE AUTHENTICATED  229 Interpretable of my knowledge, death obtainer & Signature & Title).  SIGNATURE AUTHENTICATED  220 Interpretable of my knowledge, death obtainer & Signature & Title).  SIGNATURE AUTHENTICATED  220 Intervet & Signature & Title).  SIGNATURE AUTHENTICATED  2210 Intervet best of my knowledge, death obtainer & Signature & Title).  SIGNATURE AUTHENTICATED  DUE TO, OR AS A CONSEQUENCE OF:  (Acute Preparation) Distress Syndrome  Due To, OR AS A CONSEQUENCE OF:  (Acute Preparation) Distress Syndrome  Due To, OR AS A CONSEQUENCE OF:  (Acute Preparation) Distress Syndrome  Due To, OR AS A CONSEQUENCE OF:  (Acute Preparation) Distress Syndrome  Due To, OR AS A CONSEQUENCE OF:  (Acute Preparation) Distress Syndrome  Due To, OR AS A CONSEQUENCE OF:  (Acute Preparation) Distress Syndrome  Due To, OR AS A CONSEQUENCE OF:  (Acute Preparation) Distress Syndrome  Due To, OR AS A CONSEQUENCE OF:  (Acute Preparation) Distress Syndr	TION City or Town State	19d LOCATION Ci	IATORY - NAME	ecify) 195.: CEMETERY OR C	REMOVAL, OTHER (Spe	19a. BURIAL, CREMATION, REI	COLLIGI
CARLEN THOMAS  SIGNATURE AUTHENTICATED  DE CALL  TRADE CALL - NAME AND ADDRESS  221s. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Tile)  SIGNATURE AUTHENTICATED  221s. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Tile)  SIGNATURE AUTHENTICATED  222s. Do Te basis of examination and/or investigation, in my control death at the time, date and place and due to the cause(s) stated. (Signature & Tile)  SIGNATURE AUTHENTICATED  224s. Do Te basis of examination and/or investigation, in my control death at the time, date and place and due to the cause(s) stated. (Signature & Tile)  September 30, 2021  224d. NAME OF ATTENING PHYSICIAN IF OTHER THAN CERTIFIER  SEPTEMBER 3, NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR: CORONER) (Type or Print)  23a, NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR: CORONER) (Type or Print)  23a, NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR: CORONER) (Type or Print)  23a, NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR: CORONER) (Type or Print)  23a, NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR: CORONER) (Type or Print)  23a, NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR: CORONER) (Type or Print)  23a, NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN	Fernley Nevada 89408						
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SIGNATURE AUTHENTICATED  FD861  TRADE CALL -NAME AND ADDRESS  2 241. To the best of my knowledge death occurred at the drag date and place and due to the cause(s) stated (Signature & Title)  SIGNATURE AUTHENTICATED  ROY H SEXTON MD  2 224. On the bas of dearmination and/or investigation, in my opinion death ROY H SEXTON MD  2 25. DATE SIGNED (Mo/Day/Yr)  2 26. HOUR OF DEATH 2 27.05  2 26. DATE SIGNED (Mo/Day/Yr)  2 26. HOUR OF DEATH 2 27.05  2 26. DATE SIGNED (Mo/Day/Yr)  2 26. HOUR OF DEATH 2 27.05  2 26. DATE SIGNED (Mo/Day/Yr)  2 26. HOUR OF DEATH 2 27.05  2 26. DATE SIGNED (Mo/Day/Yr)  2 26. HOUR OF DEATH 2 27.05  2 26. DATE SIGNED (Mo/Day/Yr)  2 26. HOUR OF DEATH 2 27.05  2 26. DATE SIGNED (Mo/Day/Yr)  2 26. HOUR OF DEATH 2 27.05  2 26. DATE SIGNED (Mo/Day/Yr)  2 26. HOUR OF DEATH 2 27.05  2 26. DATE SIGNED (Mo/Day/Yr)  2 26. HOUR OF DEATH 2 27.05  2 26. DATE SIGNED (Mo/Day/Yr)  2 26. HOUR OF DEATH 2 27.05  2 26. DATE SIGNED (Mo/Day/Yr)  2 26. HOUR OF DEATH 2 27.05  2 26. DATE SIGNED (Mo/Day/Yr)  2 26. HOUR OF DEATH 2 27.05  2 27. DATE SIGNED (Mo/Day/Yr)  2 26. HOUR OF DEATH 2 27.05  2 27. DATE SIGNED (Mo/Day/Yr)  2 26. HOUR OF DEATH 2 27.05  2 27. DATE SIGNED (Mo/Day/Yr)  2 26. HOUR OF DEATH 2 27.05  2 27. DATE SIGNED (Mo/Day/Yr)  2 26. HOUR OF DEATH 2 27.05  2 27. DATE SIGNED (Mo/Day/Yr)  2 26. HOUR OF DEATH 2 27.05  2 27. DATE SIGNED (Mo/Day/Yr)  2 26. HOUR OF DEATH 2 27.05  2 27. DATE SIGNED (Mo/Day/Yr)  2 28. DATE SIGNED (M	itions-Chapel of the Valley	Waltons Funerals & Cremations-Ch	JMBER W	LICENS	EN THOMAS	CARLE	i lagi
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SRTIFIER ROY H-SEXTON MD  21b. DATE SIGNED (Mo/DayYY) September 30, 2021 21c. HOUR OF DEATH September 30, 2021 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 21d. NAME OF ATTENDING PHYSICIAN ATTENDING PHYSICIAN MEDICAL EXAMINER, OR: CORONER) (Type or Print) 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR: CORONER) (Type or Print) 25a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR: CORONER) (Type or Print) 25a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR: CORONER) (Type or Print) 25a. LICENSEN ROY H Sexton MD 4600 Medical Parkway Carson City, NV-89703 14 25a. REGISTRAR (Signature) WESLEY T STOREY 25b. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) 25c. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) 25c. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) 25c. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) 25c. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) 25c. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) 25c. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) 25c. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) 25c. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) 25c. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) 25c. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) 25c. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) 25c. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) 25c. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) 25c. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) 25c. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) 25c. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) 25c. IMMEDIATE CAUSE (	The first that the control of the co	The second of th			DDRESS	TRADE CALL - NAME AND ADD	DE CALL
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**CASE FILE NO. 4236349** 



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DATE ISSUED: 10/5/2021

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