

A.P.N. 1420-06-301-023

When Recorded Mail To:

JENNIFER M. MAHE, ESQ.

Mahe Law, Ltd.

707 North Minnesota Street, Suite D

Carson City, NV 89703

Mail Tax Statements To:

DAVID EDWARD McCLELLAND

3681 Summer Hill Dr.

Carson City, NV 89705



00157231202209873320050054

KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH OF JOINT TENANT

- I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain personal information of any person or persons (NRS 239B.030).
- I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain personal information of a person or persons as required by law. State specific law: NRS 440.380

MAHE LAW, LTD.

707 North Minnesota Street, Suite D

Carson City, NV 89703

By:

JENNIFER M. MAHE, ESQ.

Nevada State Bar No. 9620

A.P.N. 1420-06-301-023

When Recorded Mail To:

JENNIFER M. MAHE, ESQ.

Mahe Law, Ltd.

707 North Minnesota Street, Suite D

Carson City, NV 89703

Mail Tax Statements To:

DAVID EDWARD McCLELLAND

3681 Summer Hill Dr.

Carson City, NV 89705

AFFIDAVIT OF DEATH OF JOINT TENANT

DAVID EDWARD McCLELLAND, the son of the deceased joint tenant, EVERETT McCLELLAND, does hereby swear under penalty of perjury that the assertions of this affidavit are true and correct and declares the following:

1. EVERETT McCLELLAND, also known as EVERETT TUTTLE McCLELLAND, died in Douglas County, NV, on June 7, 2009. A certified copy of the Certificate of Death of EVERETT McCLELLAND is attached to this Affidavit as Exhibit "1" and incorporated herein by this reference.

2. DAVID McCLELLAND and EVERETT McCLELLAND acquired title to real property as joint tenants in that certain Grant, Bargain, Sale Deed recorded with the Douglas County Recorder's Office as Document No. 117077, on May 9, 1985. The legal description of the real property is as follows:

The Southwest 1/4 of the Northeast 1/4 of the North ½ of Lot 1 of the Southwest 1/4 of Section 6, Township 14 North, Range 20 East, Mount Diablo Base and Meridian.

3. At the time of death of EVERETT McCLELLAND, title to the real property described herein continued to be held by DAVID McCLELLAND and EVERETT McCLELLAND, as joint tenants. As a result of the death of EVERETT McCLELLAND and the joint tenancy form of title, the real property described herein is now owned by DAVID McCLELLAND, a single man.

Dated this 11TH day of MAY, 2022.

David Edward McClelland
DAVID McCLELLAND

STATE OF NEVADA)
 : ss.
CARSON CITY)

On may 11, 2022, personally appeared before me, a notary public, DAVID McCLELLAND, personally known (or proved) to me to be the persons whose name is subscribed to the foregoing instrument, who acknowledged to me that he executed the foregoing Affidavit of Death of Joint Tenant.

Nichole Valdez
NOTARY PUBLIC

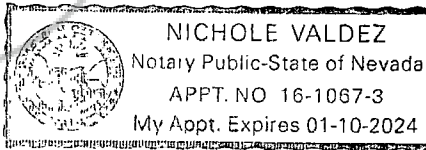


EXHIBIT "1"

COPY

EXHIBIT "1"

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2009008460
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) Everett Tuttle MCCLELLAND		2. DATE OF DEATH (Mo/Day/Year) June 07, 2009		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 3681 Summer Hill Road		3e. If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 86		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 12, 1922		9a. STATE OF BIRTH (If not U.S.A., name country) Missouri		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 5		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Donna M BROOKS	
13. SOCIAL SECURITY NUMBER ██████████ 7025		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Auto Body / Auto Mechanic		14b. KIND OF BUSINESS OR INDUSTRY Auto	
15e. INSIDE CITY LIMITS (Specify Yes or No) No		15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN OR LOCATION Carson City		15d. STREET AND NUMBER 3681 Summer Hill Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No	
16. FATHER - NAME (First Middle Last Suffix) James Arnold MCCLELLAND			17. MOTHER - NAME (First Middle Last Suffix) Lottie Ann BECK		
18a. INFORMANT- NAME (Type or Print) Donna MCCLELLAND		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3681 Summer Hill Road Carson City, Nevada 89705			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) LOREN SIMPSON MD <i>SIGNATURE AUTHENTICATED</i>			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) June 11, 2009		21c. HOUR OF DEATH 16:00		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Doctor LOREN SIMPSON MD 1559 Watasheamo Gardnerville, NV 89410				23b. LICENSE NUMBER 8607	
24a. REGISTRAR (Signature) JENELLE BALDWIN <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 12, 2009		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) Respiratory Failure					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) End Stage Chronic Obstructive Coronary Disease					
DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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	

STATE REGISTRAR

277330

CERTIFIED COPY OF VITAL RECORDS

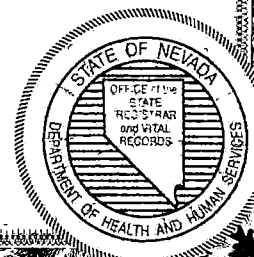
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

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

R. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20090602



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE