

THE UNDERSIGNED HEREBY AFFIRMS THAT
THIS DOCUMENT DOES CONTAIN A SOCIAL
SECURITY NUMBER AS REQUIRED BY
LAW NRS 440.380(1)(a) and NRS 40.525(5)



KAREN ELLISON, RECORDER

APN: 1420-35-101-040

WHEN RECORDED MAIL TO:

DONNA TAMMY JEAN BOGGIO
1630 Chowbuck Drive
Minden, NV 89423

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

AFFIDAVIT OF DEATH OF JOINT TENANT

DONNA TAMMY JEAN BOGGIO being first duly sworn, deposes and says:

1. DUANE EUGENE BOGGIO died on July 5, 2021 and a certified copy of his Death Certificate is attached hereto as Exhibit "A".
2. That at the date of his death, said DUANE EUGENE BOGGIO was an owner in community property with right of survivorship with the Affiant of certain real property located in Douglas County, State of Nevada, described as:

SEE EXHIBIT "B" ATTACHED

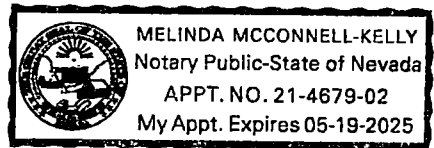
3. That said joint tenancy was created by a Deed dated September 7, 2016 and recorded on September 9, 2016 as File No. 887337, in the Douglas County Recorder's Office.
4. That upon the death of DUANE EUGENE BOGGIO, the Affiant became the sole owner of the above described property as her sole and separate property.

Donna Tammy Jean Boggio
Signature, DONNA TAMMY JEAN BOGGIO

State of Nevada)
CARSON CITY)

Subscribed and Sworn to me on July 29, 2022, by DONNA TAMMY JEAN BOGGIO who personally appeared before me, a Notary Public, and executed the above document.

Melinda McConnell-Kelly
NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4222557

2021016178
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) Duane Eugene BOGGIO		2. DATE OF DEATH (Mo/Day/Year) July 05, 2021		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number:) Home		3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 76		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 13, 1944		9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 13		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Donna Jean MIKLETHUN	
13. SOCIAL SECURITY NUMBER 1607		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) RANCHER		14b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER Home		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Joseph Maris BOGGIO			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ruth Geraldinr HARVEY		
18a. INFORMANT- NAME (Type or Print) Teresa Lea KING		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1630 Chowbuck St Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Paradise Valley Cemetery		19c. LOCATION City or Town State Paradise Valley Nevada 89426	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) MARLENE SHIER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD871		20c. NAME AND ADDRESS OF FACILITY Sonoma Funeral Home 47 W First Street Winnemucca NV 89445	
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) JUSTIN FRICKE SIGNATURE AUTHENTICATED			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) JUSTIN FRICKE SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) July 13, 2021		21c. HOUR OF DEATH 07:16		22b. DATE SIGNED (Mo/Day/Yr) July 13, 2021	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 07:16		22d. PRONOUNCED DEAD AT (Hour) 07:16	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Justin Fricke P O Box 218 Minden, NV 89423				23b. LICENSE NUMBER 0523	
24a. REGISTRAR (Signature) SHANA B RHINEHART SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 13, 2021		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) Ischemic Cardiomyopathy Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death (c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death (d) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC. SUICIDE, HCM, 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	



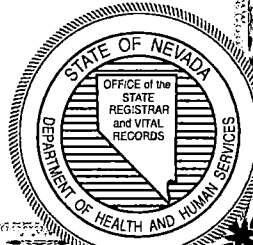
CERTIFIED COPY OF VITAL RECORDS

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: 7/22/2021

Shana B Rhinehart
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

EXHIBIT "B"
LEGAL DESCRIPTION

A PORTION OF LAND LOCATED IN THE NORTHWEST ¼ OF SECTION 35, TOWNSHIP 14 NORTH, RANGE 20 EAST, M.D.B.&M., DOUGLAS COUNTY, NEVADA, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

PARCEL A, AS SHOWN ON THE PARCEL MAP FOR MARY JANE CARTER, RECORDED AUGUST 8, 1989, IN BOOK 889, PAGE 1070, DOCUMENT NO. 208249, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA.

IN COMPLIANCE WITH NEVADA REVISED STATUTE 111.312, THE HEREIN ABOVE LEGAL DESCRIPTION WAS TAKEN FROM INSTRUMENT RECORDED SEPTEMBER 9, 2016, AS FILE NO. 887337, RECORDED IN THE OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA

APN: 1420-35-101-040