

APN: 1320-33-716-039

**Return Document to:**

Cross Law Group  
611 Sierra Rose Drive, Suite B  
Reno, NV 89511

**Send tax statements to:**

The Patricia Wright Living Trust  
1354 Guinness Way  
Gardnerville, NV 89410

## AFFIDAVIT OF DEATH OF JOINT TENANT

Declarant TYSON P. CROSS, ESQ. is of legal age, and having been first duly sworn, deposed, and states:


1. That RICHARD A. WRIGHT is the decedent identified in the attached certified copy of the Certificate of Death (Exhibit "A"), who died on September 19, 2009 in the County of Douglas, State of Nevada.

2. That RICHARD A. WRIGHT is the same person named as a Grantee in that certain deed recorded as Document No. 0655406 on September 19, 2005 in the Office of the County Recorder, Douglas County, State of Nevada, for the property legally described as:

LOT 39, BLOCK B, AS SET FORHT ON THE FINAL SUBDIVISION MAP NO. 1006-8 FOR CHICHESTER ESTATES, PHASE 8, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA AND RECORDED JUNE 12, 2001 IN BOOK 0601, PAGE 2589, AS DOCUMENT NO. 51699, AND BY CERTIFICATE OF AMENDMENT RECORDED FEBRUARY 15, 2002, IN BOOK 0202, AT PAGE 5302, AS DOCUMENT NO. 534879.

3. As a result of the death of RICHARD A. WRIGHT, all interest in the real property described in Paragraph 2 is now owned by PATRICIA L. WRIGHT, a widow.

I declare under penalty of perjury under the laws of the State of Nevada that the forgoing is true and correct.

  
\_\_\_\_\_  
Tyson P. Cross  
Attorney at Law

8-4-22  
Date

ACKNOWLEDGMENT

STATE OF NEVADA        )  
  ) ss.  
COUNTY OF WASHOE    )

On August 4, 2022, Tyson Cross, personally appeared before me and proved on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to this instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies).

Witness my hand and official seal.

[ SEAL ]



Kelli Rodriguez  
Notary Public

COOPER

**EXHIBIT "A"**  
**(Death Certificate)**

COPY

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

2009013840  
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) <b>Richard Albert WRIGHT</b>		2. DATE OF DEATH (Mo/Day/Year) <b>September 19, 2009</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>91</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>March 13, 1918</b>		9a. STATE OF BIRTH (If not U.S.A., name country)		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Patricia</b>	
13. SOCIAL SECURITY NUMBER <b>-8078</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Security Consultant</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Aerospace</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1354 Guinness Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Percy Charles WRIGHT</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Bertiida SOBERANES</b>		
18a. INFORMANT- NAME (Type or Print) <b>Richard F WRIGHT</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1038 S. Carmelina Ave Los Angeles, California 90049</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICK NOEL</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE <b>620</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</b>	
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) <b>SIGNATURE AUTHENTICATED</b> <b>JOHN PAUL KELLY M.D.</b>			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) <b>September 22, 2009</b>		21c. HOUR OF DEATH <b>23:17</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22e. PRONOUNCED DEAD AT (Hour)	
21e. PRONOUNCED DEAD (Mo/Day/Yr)		22d. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>John Paul Kelly M.D. 1535 Medical Parkway Carson City, NV 89706</b>				23b. LICENSE NUMBER <b>6376</b>	
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 24, 2009</b>		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) <b>Pneumonia</b>				<b>1 Day</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Myelodysplastic Syndrome</b>				<b>5 Years</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) _____				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(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 I				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
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. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)			
28f. INJURY AT WORK (Specify Yes or No)		28g. LOCATION		28h. STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

VRS-Rev-20110104

419543

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.

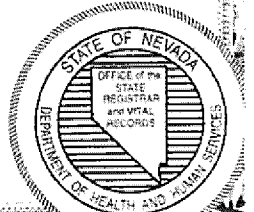
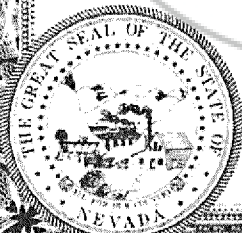
*Ridw...*

DATE ISSUED:

**JAN 26 2012**

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