

APN: 1320-33-816-013

When Recorded, Please Return To:

Millward Law, Ltd
1591 Mono Ave
Minden, NV 89423

Mail Future Tax Statements To:

Maria V. Ainscough
1423 Sterling Lane
Gardnerville, NV 89460



KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH OF JOINT TENANT

(The attached document does contain the social security number of a person as required by NRS 440.380)

STATE OF NEVADA)
) SS.
DOUGLAS COUNTY)

I, Maria Valeria Ainscough, being of legal age and duly sworn, deposes and says under penalty of perjury under the laws of the State of Nevada:

That all of the real property commonly known as 1423 Sterling Lane, Gardnerville, situated in the State of Nevada, County of Douglas, APN: 1320-33-816-013, more precisely described in **Exhibit A** attached hereto and incorporated herein, was acquired and held by Bruce A. Ainscough and Maria V. Ainscough, Husband and Wife As Community Property with Right of Survivorship, by Grant, Bargain, Sale Deed executed by Bruce A. Ainscough and Maria V. Ainscough, which deed was thereafter recorded with the Douglas County Recorder on November 19, 2013;

That Bruce Alan Ainscough died on December 29, 2021, as identified in Certificate of Death #2021033173, issued by the Department of Health and Human Services of the State of Nevada attached hereto as **Exhibit B**; and

That pursuant to the rules of survivorship, Affiant, Maria Valeria Ainscough, is the survivor and presumptively holds this property as an unmarried woman as her sole and separate property.

That this information is offered with personal knowledge and declared under penalty of perjury.

Affiant further sayeth naught.

Date: September 13, 2022

Maria V. Ainscough
Maria Valeria Ainscough, Affiant

State of Nevada)
) ss.
Douglas County)

This instrument was signed and sworn to before me, a Notary Public, on September 13, 2022, by Maria Valeria Ainscough.

Rebekah Higginbotham
Notary Public

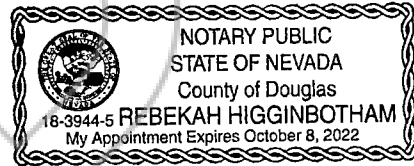


Exhibit "A"

LOT 70, BLOCK C, AS SET FORTH ON FINAL SUBDIVISION MAP NO. 1006-11 FOR CHICHESTER ESTATES, PHASE 11, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA AND RECORDED DECEMBER 27, 2002 IN BOOK 1202, PAGE 12732, AS DOCUMENT NO. 562225, AND BY CERTIFICATE OF AMENDMENT RECORDED MARCH 27, 2003 IN BOOK 0303, PAGE 13037, AS DOCUMENT NO. 0571430, OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA.

(Pursuant to NRS 111.312, the above legal description previously appeared in Grant, Bargain, Sale Deed recorded on November 19, 2013, as Document Number 834048)

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4257526

CERTIFICATE OF DEATH

2021033173
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) Bruce Alan AINSCOUGH		2. DATE OF DEATH (Mo/Day/Year) December 29, 2021		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 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) 68	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Maria SANTORO		8. DATE OF BIRTH (Mo/Day/Yr) June 06, 1953	
13. SOCIAL SECURITY NUMBER 6000		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Electric Station Operator		14b. KIND OF BUSINESS OR INDUSTRY State of California	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1423 Sterling Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		4. SEX Male	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Jack Horace AINSCOUGH			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Margaret Wallace BAILLIE		
18a. INFORMANT- NAME (Type or Print) Maria AINSCOUGH		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1423 Sterling Lane Gardnerville, Nevada 89410			
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 THOMAS		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	
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) SIGNATURE AUTHENTICATED AMANDA M GRIFFITH DO			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) January 06, 2022		21c. HOUR OF DEATH 18:15		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) Amanda M Griffith DO 1600 Medical Pkwy Carson City, NV 89703				23b. LICENSE NUMBER DO1685	
24a. REGISTRAR (Signature) DARAN GRISSOM		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 06, 2022		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) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF.					
(b) Acute Hypoxemic Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF.					
(c) Klebsiella Pneumonia DUE TO, OR AS A CONSEQUENCE OF.					
(d) Cardiomyopathy DUE TO, OR AS A CONSEQUENCE OF.					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1 Chronic Obstructive Pulmonary Disease, Acute Heart Failure With Reduced Ejection Fraction, Alcohol Use Disorder, Atrial Fibrillation, 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

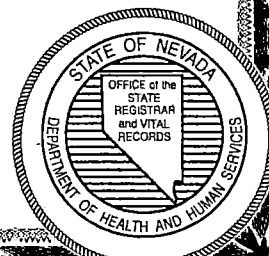
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 1/11/2022

[Signature]

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