

APN: 1220-20-001-052

Recording Requested By/Return To:
HERITAGE LAW
1625 Highway 88, Suite 304
Minden, NV 89423



KAREN ELLISON, RECORDER

Mail Future Tax Statements To:
ELISABETH W. NOONAN
753 Marron Way
Gardnerville, NV 89460

The undersigned hereby affirms that this document submitted for recording contains personal information as required by law: Affidavit of Death – NRS 440.380(1)(a) and NRS 40.525(5)

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

ELISABETH W. NOONAN, being of legal age, and being of sound mind and body, hereby swears (or affirms) under penalty of perjury, that the following is true of her own personal knowledge:

That DAVID WILLIAM NOONAN, the Decedent mentioned in the certified copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit 1** and incorporated herein by reference, is the same person as DAVID W. NOONAN, Grantee in that certain Grant, Bargain, Sale Deed recorded on June 28, 2011, as Document No. 785662 of Official Records of Douglas County, State of Nevada, which Grant, Bargain, Sale Deed pertains to property situated at 753 Marron Way, Gardnerville, Douglas County, State of Nevada, and more precisely described as:

**SEE LEGAL DESCRIPTION ATTACHED AS EXHIBIT "A"
AND MADE A PART HEREOF**

Pursuant to NRS 111.312, the above legal description was previously recorded in Grant, Bargain, Sale Deed recorded as Document No. 785662 of Official Records of Douglas County, State of Nevada, on June 28, 2011.

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


Dated: November 16, 2022.

Elisabeth W. Noonan
ELISABETH W. NOONAN
Surviving Grantee and Surviving Joint Tenant

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On November 16, 2022, before me, a Notary Public, personally appeared ELISABETH W. NOONAN, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that she executed it.

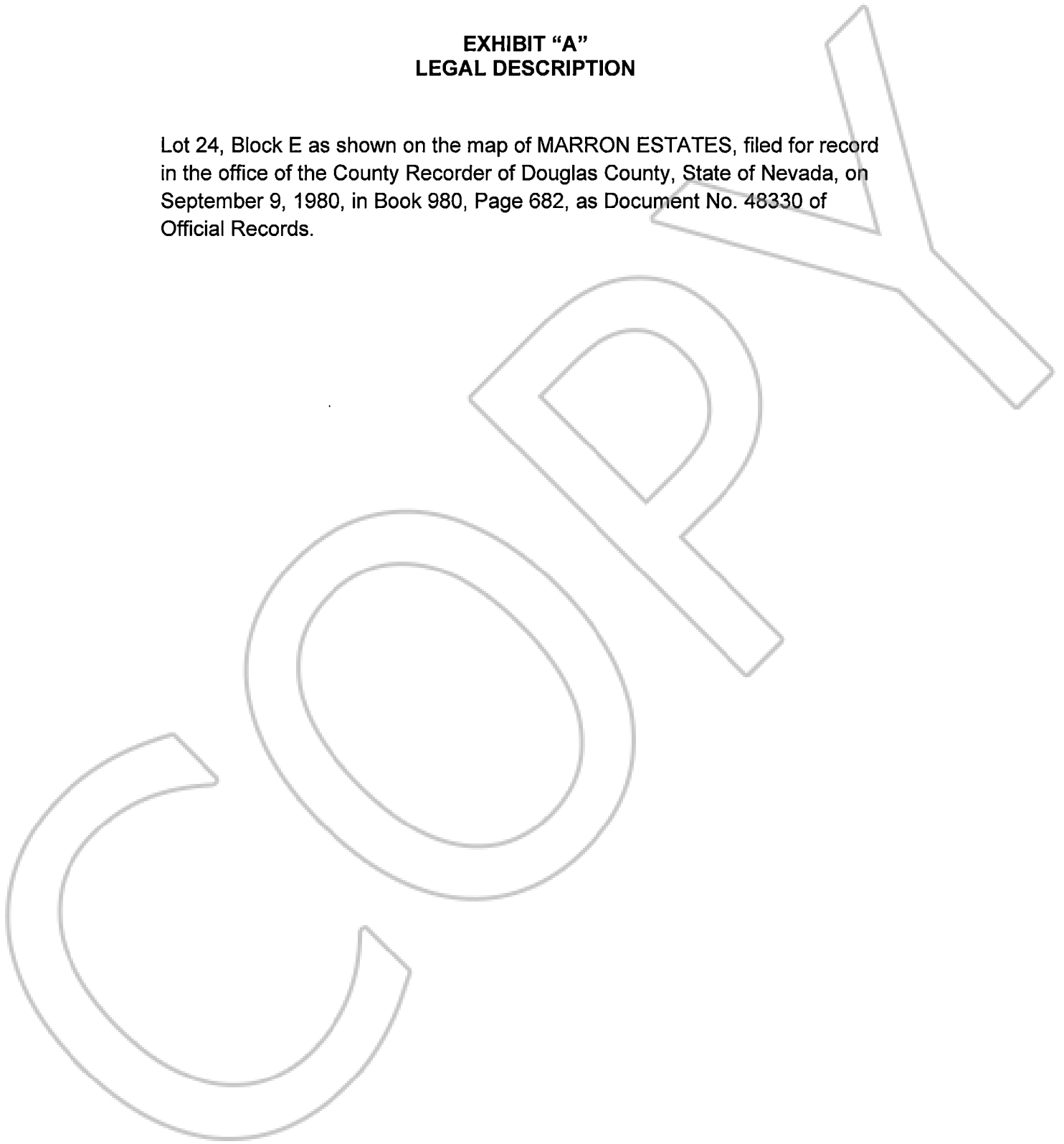
Michelle Andra Gibbons
Notary Public

 MICHELLE ANDRA GIBBONS
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 21-1975-05 - Expires January 4, 2025

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**EXHIBIT "A"
LEGAL DESCRIPTION**

Lot 24, Block E as shown on the map of MARRON ESTATES, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 9, 1980, in Book 980, Page 682, as Document No. 48330 of Official Records.



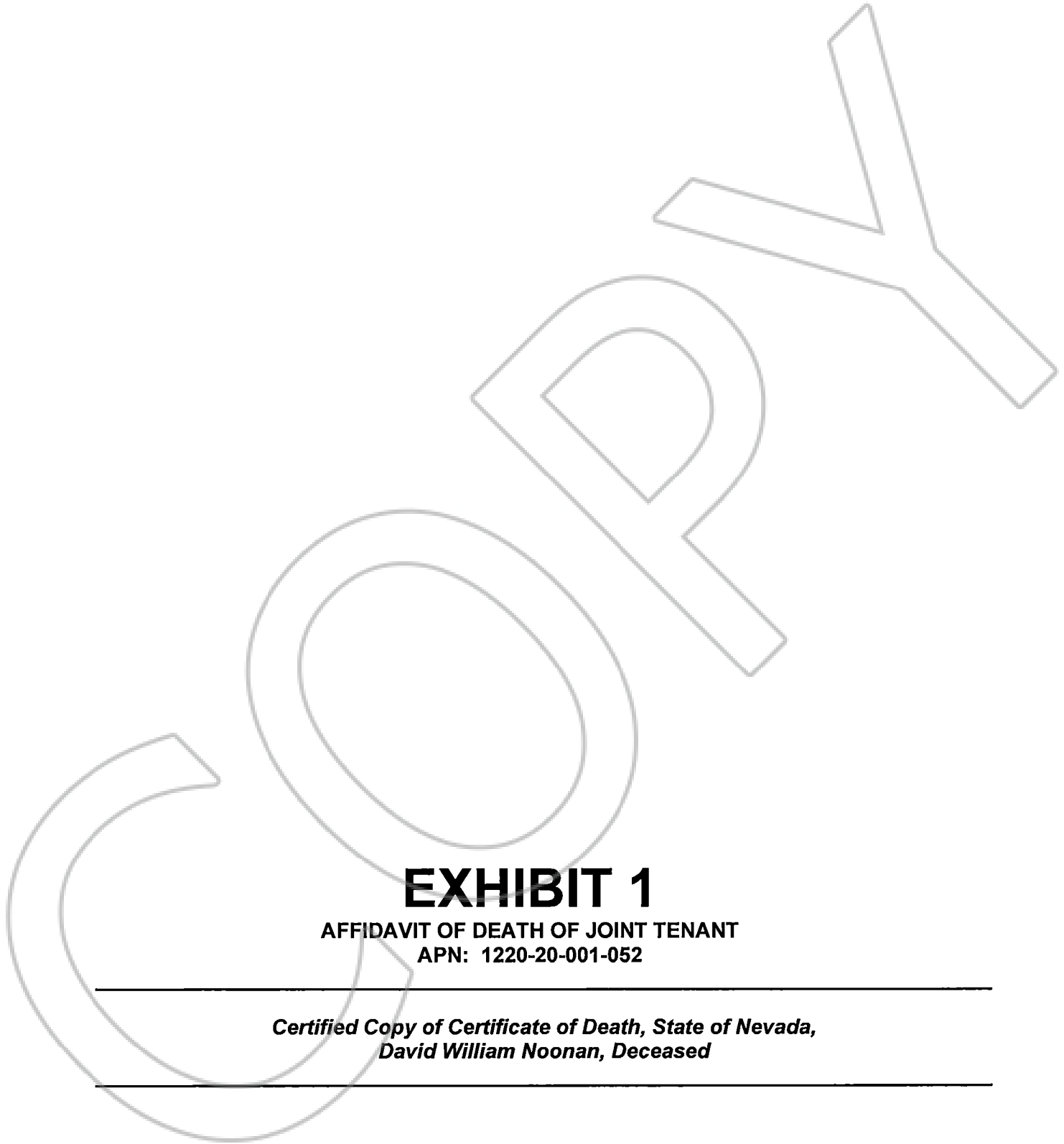


EXHIBIT 1

AFFIDAVIT OF DEATH OF JOINT TENANT

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***Certified Copy of Certificate of Death, State of Nevada,
David William Noonan, Deceased***

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4295773

CERTIFICATE OF DEATH

2022017397
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) David William NOONAN			2 DATE OF DEATH (Mo/Day/Year) July 19, 2022		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 an number) Carson Tahoe Regional Medical Center		3e If Hosp or Inst. indicate DOA, OP/Emer Rm Inpatient(Specify) Inpatient		4 SEX Male
	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 74	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8 DATE OF BIRTH (Mo/Day/Yr) March 20, 1948
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a STATE OF BIRTH (if not US/CA, name country) Illinois		9b. CITIZEN OF WHAT COUNTRY United States	10.EDUCATION 20	11 MARITAL STATUS (Specify) Married	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Elisabeth WINTRINGER	
	13 SOCIAL SECURITY NUMBER [REDACTED]-5785		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) PROFESSOR			14b KIND OF BUSINESS OR INDUSTRY EDUCATION	Ever in US Armed Forces? No
	15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville	15d STREET AND NUMBER 753 Marron Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
PARENTS	16 FATHER/PARENT - NAME (First Middle Last Suffix) Robert Stanley NOONAN			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Dorothy BRIGGS			
	18a INFORMANT - NAME (Type or Print) Elisabeth NOONAN		18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 753 Marron Way Gardnerville, Nevada 89460				
DISPOSITION	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) TED G WILLIAMS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD898	20c NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706			
TRADE CALL	TRADE CALL - NAME AND ADDRESS						
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) STEPHEN T HEWITT DO 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)			
	21b DATE SIGNED (Mo/Day/Yr) July 20, 2022		21c. HOUR OF DEATH 22:45		22b DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
	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) Stephen T Hewitt DO 1600 Medical Pkwy Carson City, NV 89703				23b LICENSE NUMBER DO1107		
REGISTRAR	24a REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 21, 2022		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
CAUSE OF DEATH	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					Interval between onset and death	
	PART I (a) Acute Respiratory Distress Syndrome					Days	
	DUE TO, OR AS A CONSEQUENCE OF: Pneumonia					Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) DUE TO, OR AS A CONSEQUENCE OF: COVID 19					Days	
	(c) DUE TO, OR AS A CONSEQUENCE OF: Sepsis					Interval between onset and death	
	(d)					Days	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Acute Kidney Injury					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



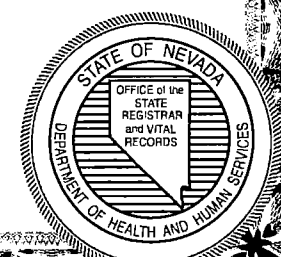
CERTIFIED COPY OF VITAL RECORDS

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: 7/26/2022

Scott Spangler
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