

APN: 1319-30-512-004

WHEN RECORDED RETURN TO:

JOAN C. WRIGHT, ESQ.
ALLISON MacKENZIE, LTD.
P.O. Box 646
402 N. Division Street
Carson City, NV 89703



KAREN ELLISON, RECORDER

The party executing this document hereby affirms that this document submitted for recording does not contain the social security number of any person or persons pursuant to NRS 239B.030

AFFIDAVIT OF DEATH

STATE OF NEVADA)

: ss.

CARSON CITY)

I, MARTHA MERCHANT being first duly sworn, depose and say that affiant is over the age of 21 years and competent to be a witness to the matters hereinafter stated.

The affiant is MARTHA MERCHANT, the person named as one of the Grantees in that certain Grant, Bargain and Sale Deed recorded April 23, 2013, Doc # 822342, in the office of the County Recorder of Douglas County, Nevada conveying the real property located in Douglas County, Nevada more particularly described in Exhibit A attached hereto and incorporated herein by this reference.

That BRUCE MERCHANT was one of the Grantees named in said Deed and was the identical person named as BRUCE I. MERCHANT, the decedent, in that Certain Death Certificate, a certified copy of which is attached as Exhibit B hereto and incorporated herein by this reference who died on October 6, 2021 in Indian LakeTown, Hamilton County, New York.

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That the family relationship of BRUCE MERCHANT to affiant is spouse.

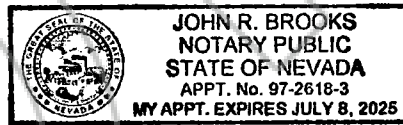
DATED this 22 day of November, 2022.

Martha Merchant
MARTHA MERCHANT

STATE OF NEVADA
: ss.
COUNTY OF CAIRN CITY

On NOVEMBER 22, 2022, personally appeared before me, a notary public, MARTHA MERCHANT, personally known (or proved) to me to be the person whose name is subscribed to the foregoing Affidavit of Death, who acknowledged to me that she executed the foregoing document.

John R. Brooks
NOTARY PUBLIC



THIS NOTARY BLOCK GOES TO AN AFFIDAVIT OF DEATH

EXHIBIT "A"

All that certain parcel of real property situated in Douglas County, state of Nevada, more particularly described as follows:

Parcel 1:

Unit 11 of Lot 2 Condominium Map, as set forth on Sheet 6 of the 3rd Amendment of Tahoe Village No. 2 filed for record on August 14, 1979, in Book 879, Page 1053 as Document No. 35555, Official Records of Douglas County, State of Nevada.

Parcel 2:

An undivided 1/18th interest in and to those areas designated as "Common Area" as set forth on the Map of Lot 2 of Condominium Map, as set forth on Sheet 6 of the 3rd Amended Map of Tahoe Village No. 2, filed for record on August 14, 1979, in Book 879, Page 1053, as Document No. 35555, Official Records of Douglas County, State of Nevada.

Assessor's Parcel Number(s):
1319-30-512-004

4855-3199-0591, v. 1

RECORDED DISTRICT 2053
REGISTER NUMBER 13

NEW YORK STATE
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

131-2021-00085914

STATE FILE NUMBER

1. NAME: FIRST Bruce I			MIDDLE Merchant			LAST Merchant			2. SEX: MALE <input checked="" type="checkbox"/> 1 FEMALE <input type="checkbox"/> 2		3A. DATE OF DEATH: MONTH DAY YEAR 10 06 2021			3B. HOUR: 11:35 PM		
4A. PLACE OF DEATH: (Check one) HOSPITAL DOA <input type="checkbox"/> ER <input type="checkbox"/> HOSPITAL OUTPATIENT <input type="checkbox"/> HOSPITAL INPATIENT <input type="checkbox"/> NURSING HOME <input type="checkbox"/> PRIVATE RESIDENCE <input checked="" type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER (Specify): <input type="checkbox"/>								4B. IF FACILITY, DATE ADMITTED: MONTH DAY YEAR								
4C. NAME OF FACILITY: (If not facility, give address) 107 John Rust Road								4D. LOCALITY: (Check one and specify) CITY VILLAGE TOWN <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Indian Lake Town				4E. COUNTY OF DEATH: Hamilton				
4F. MEDICAL RECORD NO.				4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) NO <input type="checkbox"/> YES <input type="checkbox"/>												
5. DATE OF BIRTH: MONTH DAY YEAR 11 20 1948			6A. AGE IN YEARS: 72 yrs.		6B. IF UNDER 1 YEAR ENTER: months days		6C. IF UNDER 1 DAY ENTER: hours minutes		7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province) Catskill Town, New York				7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:			
8. SERVED IN U.S. ARMED FORCES? (Specify years) NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 1970-1998				9. DECEDENT OF HISPANIC ORIGIN? Check the boxes that best describe whether the decedent is Spanish/Hispanic/Latino. A <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino B <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano C <input type="checkbox"/> Yes, Puerto Rican D <input type="checkbox"/> Yes, Cuban E <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latino (Specify)				10. DECEDENT'S RACE: Check one or more races to indicate what the decedent considered himself or herself to be: A <input checked="" type="checkbox"/> White/Caucasian B <input type="checkbox"/> Black or African American C <input type="checkbox"/> Asian Indian D <input type="checkbox"/> Chinese E <input type="checkbox"/> Filipino F <input type="checkbox"/> Japanese G <input type="checkbox"/> Korean H <input type="checkbox"/> Vietnamese J <input type="checkbox"/> Native Hawaiian K <input type="checkbox"/> Guamanian or Chamorro M <input type="checkbox"/> Samoan N <input type="checkbox"/> American Indian or Alaska Native (specify) P <input type="checkbox"/> Other Asian (specify) R <input type="checkbox"/> Other Pacific Islander (specify) S <input type="checkbox"/> Other (specify)								
11. DECEDENT'S EDUCATION: Check the box that best describes the highest degree or level of school completed at the time of death. 1 <input type="checkbox"/> ≤ 8th grade 2 <input type="checkbox"/> 9th-12th grade; no diploma 3 <input type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college credit, but no degree 5 <input type="checkbox"/> Associate's degree 6 <input type="checkbox"/> Bachelor's degree 7 <input checked="" type="checkbox"/> Master's degree 8 <input type="checkbox"/> Doctorate/Professional degree				12. SOCIAL SECURITY NUMBER: 4777				13. MARITAL STATUS: NEVER MARRIED <input type="checkbox"/> 1 MARRIED <input checked="" type="checkbox"/> 2 WIDOWED <input type="checkbox"/> 3 DIVORCED <input type="checkbox"/> 4 SEPARATED <input type="checkbox"/> 5				14. SURVIVING SPOUSE: Enter birth name of spouse if married or separated. Martha Kelly				
15A. USUAL OCCUPATION: (Do not enter retired) Helicopter Pilot				15B. KIND OF BUSINESS OR INDUSTRY: U.S. Military				15C. NAME AND LOCALITY OF COMPANY OR FIRM: United States Coast Guard								
16A. RESIDENCE: (State or Country if not USA) NY				16B. County or Region/Province if not USA: Hamilton				16C. LOCALITY: (Check one and specify) CITY VILLAGE TOWN <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Indian Lake Town				16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, SPECIFY TOWN:				
16D. STREET AND NUMBER OF RESIDENCE: 107 John Rust Road								16E. ZIP CODE: 12842								
17. BIRTH NAME OF FATHER / PARENT: FIRST MI LAST John D. Merchant						18. BIRTH NAME OF MOTHER / PARENT: FIRST MI LAST Eloise Ostrander										
19A. NAME OF INFORMANT: Martha Merchant						19B. MAILING ADDRESS: (include zip code) PO Box 248, Indian Lake Town, NY 12842										
20A. 1 <input type="checkbox"/> BURIAL 2 <input checked="" type="checkbox"/> CREMATION 3 <input type="checkbox"/> REMOVAL MONTH DAY YEAR 10 07 2021				20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: Pine View Crematory				20C. LOCATION: (City or town and state) Queensbury Town, New York								
21A. NAME AND ADDRESS OF FUNERAL HOME: Miller Funeral Home 6357 Nys Rte # 30, Indian Lake, NY 12842								21B. REGISTRATION NUMBER: 01199								
22A. NAME OF FUNERAL DIRECTOR: Patricia Miller				22B. SIGNATURE OF FUNERAL DIRECTOR: Patricia Miller Electronically Signed				22C. REGISTRATION NUMBER: 12465								
23A. SIGNATURE OF REGISTRAR: Julie A Clawson Electronically Signed				23B. DATE FILED: MONTH DAY YEAR 10 07 2021		24A. BURIAL OR REMOVAL PERMIT ISSUED BY: Julie A Clawson				24B. DATE ISSUED: MONTH DAY YEAR 10 07 2021						
ITEMS 25 THRU 33 COMPLETED BY CERTIFYING PHYSICIAN -- OR -- CORONER/CORONER'S PHYSICIAN OR MEDICAL EXAMINER																
25A. CERTIFICATION: To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. Certifier's Name: Melanie Duerr, NP License No.: 303918 Signature: Melanie Duerr, NP Electronically Signed Month Day Year 10 07 2021																
Certifier's Title: <input type="checkbox"/> Attending Physician <input type="checkbox"/> Physician acting on behalf of Attending Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Medical Examiner / Deputy Medical Examiner Address: 47 Tom Phelps Lane, Mineville Hamlet, NY 12996																
25B. If coroner is not a physician, enter Coroner's Physician's name & title: License No.: Signature: Month Day Year																
25C. If certifier is not attending physician, enter Attending Physician's name & title: License No.: Address:																
26A. Attending physician attended deceased: FROM Month Day Year 07 14 2021 TO Month Day Year 10 06 2021				26B. Deceased last seen alive by attending physician: Month Day Year 07 12 2021				26C. Pronounced Dead ON Month Day Year 10 06 2021 AT Time 11:35 PM								
27. MANNER OF DEATH: NATURAL CAUSE <input checked="" type="checkbox"/> 1 ACCIDENT <input type="checkbox"/> 2 HOMICIDE <input type="checkbox"/> 3 SUICIDE <input type="checkbox"/> 4 UNDETERMINED CIRCUMSTANCES <input type="checkbox"/> 5 PENDING INVESTIGATION <input type="checkbox"/> 6								28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO		29A. AUTOPSY? <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 REFUSED		29B. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? <input type="checkbox"/> 0 NO <input type="checkbox"/> 1 YES				
CONFIDENTIAL SEE INSTRUCTION SHEET FOR COMPLETING CAUSE OF DEATH CONFIDENTIAL																
30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).)																
PART I. IMMEDIATE CAUSE: (A) Malignant Melanoma												APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10/24/19				
DUE TO OR AS A CONSEQUENCE OF: (B) Secondary Metastasis right parietal lobe brain												9/22/20				
DUE TO OR AS A CONSEQUENCE OF: (C) Secondary Metastatic Disease pulmonary and abdominal lymph												4/6/21				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A): <<<<<<>>>>												DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 PROBABLY 3 UNKNOWN				
31A. IF INJURY, DATE: MONTH DAY YEAR				31B. INJURY LOCALITY: (City or town and county and state)				31C. DESCRIBE HOW INJURY OCCURRED:				31D. PLACE OF INJURY: NO YES <input type="checkbox"/> 0 <input type="checkbox"/> 1				
31F. IF TRANSPORTATION INJURY, SPECIFY: 1 <input type="checkbox"/> Driver/Operator 2 <input type="checkbox"/> Passenger 3 <input type="checkbox"/> Pedestrian 4 <input type="checkbox"/> OTHER (specify)				32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO YES <input type="checkbox"/> 0 <input type="checkbox"/> 1				33A. IF FEMALE: 0 <input type="checkbox"/> Not pregnant within last year 1 <input type="checkbox"/> Pregnant at time of death 2 <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death 3 <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death 4 <input type="checkbox"/> Unknown if pregnant within past year				33B. DATE OF DELIVERY: MONTH DAY YEAR				

I hereby attest that this is a **CERTIFIED COPY** form the **REGISTRAR OF DEATHS** in the Town of Indian Lake kept in the Town Hall, Pelon Road, Town of Indian Lake, State of New York, County of Hamilton.

Dated at the Town Hall, Town of Indian Lake, State of New York on the 14th day of October in the year of 2021.

Julie A Clawson

Julie A. Clawson/Registrar/Town of Indian Lake

ANY ALTERATIONS OR ERASURE VOIDS THIS CERTIFIED COPY OF DEATH