

APN# 1420-08-311-001

Recording Requested by/Mail to:

Name: Jessica C. Prunty, Esq.

Address: 111 W. Telegraph Street, Suite #202

City/State/Zip: Carson City, NV 89703

Mail Tax Statements to:

Name: Virginia M. Alexander, Trustee

Address: 3525 N. Sunridge Drive

City/State/Zip: Carson City, Nevada 89705



KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH OF JOINT TENANT

**Title of Document** (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording  
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Signature

Jessica C. Prunty

Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APN: 1420-08-311-001

When recorded mail to:  
Jessica C. Prunty, Esq.  
PRUNTY LAW  
111 W. Telegraph Street, Suite 202  
Carson City, Nevada 89703

Mail Tax Statements to:  
Virginia M. Alexander  
355 N. Sunridge Drive  
Carson City, Nevada 89705

X The undersigned hereby affirm that this document, including exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law (NRS 40.525(5) and NRS 440.380(1)(A)).

---

**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF NEVADA            )  
  ) ss:  
CARSON CITY                 )

I, Virginia M. Alexander, being of the legal age of consent, being duly sworn, deposed and says:

Patrick A. Scullen, is the decedent mentioned in the attached certified copy of Certificate of Death, who died on October 25, 2022, in the State of Nevada. See Exhibit 1.

I am the surviving joint tenant of Decedent, who was my husband.

Decedent and I are the same persons who are named as grantees in that certain Grant, Bargain, Sale Deed, dated Decemer 3, 2015, executed by Lisa M. Vanderwiel, Successor Trustee of the Kenneth M. Hornady Agreement, dated November 23, 1993 and Successor Trustee of the Mary A. Hornady Trust Agreement, dated November 23, 1993, in favor of Patrick A. Scullen and Virginia M. Alexander, husband and wife as joint tenants with right of survivorship, recorded on December 11, 2015, as Instrument No. 2015-873998, Official Records of Douglas County, Nevada describing the following real property, situate in the County of Douglas, State of Nevada, commonly known as 3525 N. Sunridge Drive, Carson City, Nevada 89705:

Lot 16, in Block L, of SUNRIDGE HEIGHTS, PHASES 4 & 5A, a Planned Unit Development, according to the Map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on July 1, 1994, in Book 794, Page 1, as Document No. 340968.

County Assessor Parcel No. 1420-08-311-001

WITNESS my hand this 15<sup>th</sup> day of December, 2022.

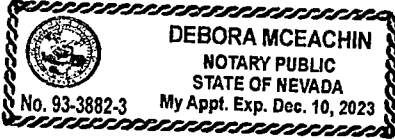
*Virginia M. Alexander*  
Virginia M. Alexander

**ACKNOWLEDGMENTS**

STATE OF NEVADA     )  
                                  )ss.  
CARSON CITY         )

On this 15<sup>th</sup> day of December, 2022, personally appeared before me, a Notary Public, Virginia M. Alexander, personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged to me that she executed the above instrument.

*Debra Mceachin*  
Notary Public



**EXHIBIT 1**

COPY

**EXHIBIT 1**

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

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

CASE FILE NO. 4313491

**CERTIFICATE OF DEATH**

2022025257  
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>Patrick Allan SCULLEN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 25, 2022</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street ar number) <b>3525 N Sunridge Drive</b>		3e. If Hosp. or Inst. Indicate DOA,OP,Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5 RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>69</b>		7b. UNDER 1 YEAR MOS <b>0</b>		7c. UNDER 1 DAY HOURS <b>0</b> MINS <b>0</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>August 02, 1953</b>		9a. STATE OF BIRTH (if not US/CA, name country) <b>Japan</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>14</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Virginia ALEXANDER</b>	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]-7013</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Owner / Operator</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Fluid Power &amp; Motion Control</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
15d. STREET AND NUMBER <b>3525 N Sunridge Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16. Ever in US Armed Forces? <b>No</b>	
17. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Allan Richard SCULLEN</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Elvira Monica GLOGAU</b>		
18a. INFORMANT- NAME (Type or Print) <b>Virginia SCULLEN</b>			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>3525 N Sunridge Drive Carson City, Nevada 89705</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Autumn Cremation Services</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD304</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations 1575 N Lompa Ln Carson City NV 89701</b>	
21. 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>B A BOTTENBERG DO</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>October 26, 2022</b>		21c. HOUR OF DEATH <b>03:41</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) <b>B A Bottenberg DO 4095 North Carson Street Carson City, NV 89706</b>			
23b. LICENSE NUMBER <b>DO674</b>		24a. REGISTRAR (Signature) <b>SCOTT SHELDON SPANGLER</b>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 27, 2022</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					
(a) <b>Senile Degeneration Of The Brain</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Unknown Etiology</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(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 1. <b>Hypertension</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		28a. ACC., SUICIDE, HOM., UNCET. 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	



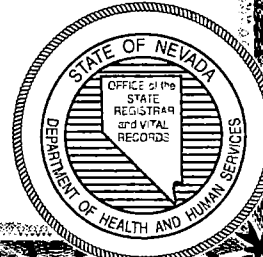
CERTIFIED COPY OF VITAL RECORDS

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

DATE ISSUED:

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE