

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT DOES CONTAIN A SOCIAL SECURITY NUMBER AS REQUIRED BY LAW NRS 440.380(1)(a) and NRS 40.525(5)



SHAWNYNE GARREN, RECORDER

APN: 1420-28-601-035

When Recorded Mail to and Mail Tax Documents to:  
DIANA C. VESTAL  
1383 Porter Drive  
Minden, NV 89423

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

### AFFIDAVIT OF DEATH OF JOINT TENANT

DIANA C. VESTAL being first duly sworn, deposes and says:

1. JAMES A. VESTAL died on October 3, 2022 and a certified copy of his Death Certificate is attached hereto as Exhibit "A".
2. That at the date of his death, said JAMES A. VESTAL was an owner in joint tenancy with the Affiant of certain real property located in Douglas County, State of Nevada, described as:

SEE EXHIBIT "B" ATTACHED

3. That said joint tenancy was created by a Deed dated October 10, 2007 and recorded on October 31, 2007 as File No. 0712207, in the Douglas County Recorder's Office.
4. That upon the death of JAMES A. VESTAL, the Affiant became the sole owner of the above described property as her sole and separate property.

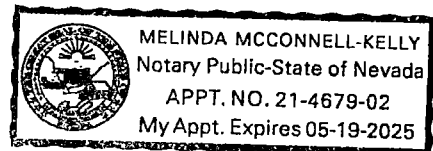
*Diana C. Vestal*

Signature, DIANA C. VESTAL

State of Nevada )  
CARSON CITY )

Subscribed and Sworn to me on September 20, 2023, by DIANA C. VESTAL who personally appeared before me, a Notary Public, and executed the above document.

*Melinda McConnell-Kelly*  
NOTARY PUBLIC



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

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

CASE FILE NO. 4309480

**CERTIFICATE OF DEATH**

2022023678  
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>James Allen VESTAL</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 03, 2022</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 number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>80</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>February 02, 1942</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Ohio</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Diana Carol LAMPMAN</b>	
13. SOCIAL SECURITY NUMBER <b>██████████7907</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Automotive Salesman</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Oil &amp; Fuel</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>1383 Porter Drive</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>William VESTAL</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Alice FISHER</b>		
18a. INFORMANT- NAME (Type or Print) <b>Diana Carol VESTAL</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1383 Porter Drive Minden, Nevada 89423</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>DENICE PORTILLO</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD872</b>		20c. NAME AND ADDRESS OF FACILITY <b>Waltons Funerals &amp; Cremations-Chapel of the Valley</b> <b>1281 N Roop Carson City NV 89706</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>STEPHEN T HEWITT DO</b> <b>SIGNATURE AUTHENTICATED</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 05, 2022</b>		21c. HOUR OF DEATH <b>09:30</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Stephen T Hewitt DO 1600 Medical Pkwy Carson City, NV 89703</b>			
23b. LICENSE NUMBER <b>DO1107</b>		24a. REGISTRAR (Signature) <b>SCOTT SHELDON SPANGLER</b> <b>SIGNATURE AUTHENTICATED</b>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 07, 2022</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) <b>Cardiopulmonary Arrest</b>				Interval between onset and death <b>Mins</b>	
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Severe Pulmonary Hypertension</b>				Interval between onset and death <b>Yrs</b>	
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b>Acute Hypoxemic Respiratory Failure</b>				Interval between onset and death <b>Days</b>	
DUE TO, OR AS A CONSEQUENCE OF:					
(d) <b>Stage 4 Chronic Kidney Disease</b>				Interval between onset and death <b>Yrs</b>	
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>No</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. 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	



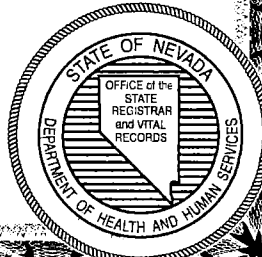
**CERTIFIED COPY OF VITAL RECORDS**

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.

*Scott Spangler*  
STATE REGISTRAR

DATE ISSUED: **10/10/2022**

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "B"

The land referred to in this Commitment is situated in the County of Douglas, State of Nevada and is described as follows:

LOT 4-C, AS SHOWN ON PARCEL MAP #11 FOR D.N.S. VENTURES, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JULY 28, 1994, BOOK 794, PAGE 4447, AS DOCUMENT NO. 342858.

