

DOUGLAS COUNTY, NV **2023-1002327**
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TICOR TITLE - GARDNERVILLE
SHAWNYNE GARREN, RECORDER

APN: 1220-15-110-065
(formerly APN 27-361-080)

RECORDING REQUESTED BY and
AFTER RECORDING MAIL THIS DOCUMENT TO:

SULLIVAN LAW
1625 State Route 88, Suite 401
Minden, NV 89423

MAIL TAX STATEMENTS TO:

Nancy V. Hulsey
966 Dean Drive
Gardnerville, NV 89460

I, the undersigned, hereby affirm that this document submitted for recording does not contain the social security number of any person or persons. *(Per NRS 239B.030)*

AFFIDAVIT OF DEATH OF JOINT TENANT
UNDER CONTRACT OF SALE

I, Nancy Hulsey, being duly sworn say:

1. I am 18 years of age, or over. The decedent Arlin Dell Hulsey described in the attached certified copy of the Certificate of Death is the same person as Arlin Hulsey, who is named with me as one of the buyers in the Memorandum of Contract of Sale dated May 11, 1990, executed by Forrest Richard Whitcomb and Carol Whitcomb, his wife, trustees under Trust Agreement dated July 31, 1984, for sale to Arlin Hulsey and Nancy Hulsey, husband and wife, as Joint Tenants with right of survivorship, recorded as Document No. 227188 on May 31, 1990, in Book 590, Page 4784, of Official Records of Douglas County, Nevada, covering the real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 53, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 2, filed in the office of the County Recorder of Douglas County, State of Nevada, on June 1, 1965 in Book 1, of Maps as Document No. 28309, and on June 4, 1965, as Document No. 28377, and as further shown on the map of Re-Subdivision of Lots 91A and B, 92A and B, 93 through 96 and 221 through 232 GARDNERVILLE RANCHOS UNIT NO. 2, filed in the County of Douglas, State of Nevada, on July 10, 1967 as Series No. 37049.

Together with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues and profits thereof.

The aforesaid property is more commonly known as:

966 Dean Drive, Gardnerville, NV 89460
APN 1220-15-110-065 (formerly APN 27-361-080)

2. As a result of the death of my husband, Arlin Hulsey, I affirm and declare under penalty of perjury, under the laws of the State of Nevada, that as the sole remaining surviving spouse and joint tenant, I am now the sole surviving buyer under the above-referenced Contract of Sale for the above-described real property, and possess one hundred percent (100%) ownership over such property, having been deeded same by CAROL E. MURPHY (formerly CAROL WHITCOMB), Surviving Trustee under Trust Agreement dated July 31, 1984, CAROL E. MURPHY (formerly CAROL WHITCOMB), individually, and PETER J. MURPHY, individually, husband and wife, said Deed dated September 6, 2023, recorded as Document No. 2023-1000386 on September 11, 2023, Official Records of Douglas County, Nevada.

IN WITNESS WHEREOF, dated: 11-1-2023.

Nancy D Hulsey
Nancy Hulsey

JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of Nevada)

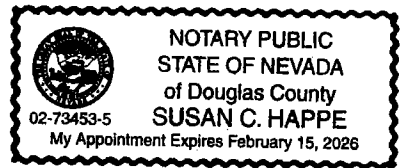
County of Douglas)

Subscribed and sworn to (or affirmed) before me, Susan C. Happe, a Notary Public, on November 1, 2023 by NANCY HULSEY, who proved to me on the basis of satisfactory evidence to be the persons who appeared before me.

I certify under PENALTY OF PERJURY under the laws of the State of Nevada that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Susan C. Happe
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. 4227358

CERTIFICATE OF DEATH

2021018228
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) Arlin Dell HULSEY		2. DATE OF DEATH (Mo/Day/Year) August 01, 2021		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street number) 966 Dean Dr		3e. If Hosp. or Inst. indicate DOA, OP/Emr. Rm. Inpatient (Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 86		7b. UNDER 1 YEAR MOS. DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 29, 1934		9a. STATE OF BIRTH (If not US/CA, name country) Texas		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Nancy VARY	
13. SOCIAL SECURITY NUMBER ██████████-2717		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
Contractor		Roofing		Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 966 Dean Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Curtis Luther HULSEY			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Hazel Geneva REED		
18a. INFORMANT - NAME (Type or Print) Nancy V HULSEY		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 966 Dean Dr Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BETHANY J RASMUSSEN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD969		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmeralda Place Minden NV 89423	
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) JEFFREY BASA MD 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) August 02, 2021		21c. HOUR OF DEATH 16:25		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) Dr. Jeffrey Basa MD 2874 N. Carson Street, Ste 200 Carson City, NV 89706				23b. LICENSE NUMBER 8079	
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 05, 2021		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) Congestive Heart Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Unknown Etiology				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(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 I.				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

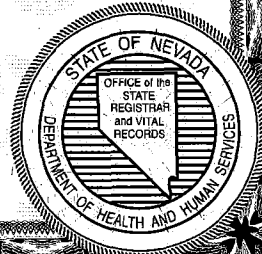
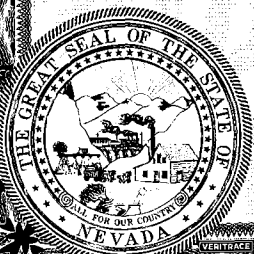
8/11/2021

DATE ISSUED:

Blaise Satariano

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