

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: 1420-35-101-040

RECORDING REQUESTED BY:
Grantor, Bonita Jean Dion

When recorded mail Documents and Tax Statements to:
Bonita Jean Dion and April Renee Meier
1630 Chowbuck Drive
Minden, NV 89423

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

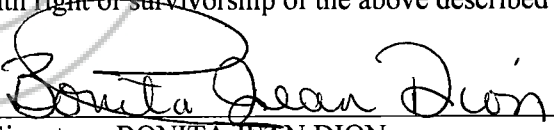
AFFIDAVIT OF DEATH OF JOINT TENANT

BONITA JEAN DION being first duly sworn, deposes and says:

1. DONNA TAMMY JEAN BOGGIO died on September 9, 2023, and a certified copy of her Death Certificate is attached hereto as Exhibit "A".
2. That at the date of her death, said DONNA TAMMY JEAN BOGGIO was an owner in joint tenancy with the Affiant and APRIL RENEE MEIER 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 24, 2022, and recorded on October 26, 2022, as File No. 991126, in the Douglas County Recorder's Office.
4. That upon the death of DONNA TAMMY JEAN BOGGIO, the Affiant, a married woman as her sole and separate property, and APRIL RENEE MEIER, a married woman as her sole and separate property, became joint tenants with right of survivorship of the above described property.


Signature, BONITA JEAN DION

State of Nevada)
CARSON CITY)

Subscribed and Sworn to me on November 28, 2023, by BONITA JEAN DION who personally appeared before me, Melinda McConnell-Kelly, a Notary Public, and executed the above document.


NOTARY PUBLIC

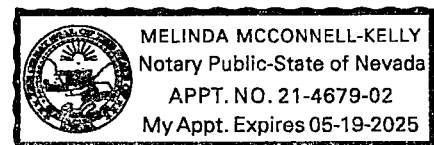


EXHIBIT "B"
LEGAL DESCRIPTION

A PORTION OF LAND LOCATED IN THE NORTHWEST ¼ OF SECTION 35, TOWNSHIP 14 NORTH, RANGE 20 EAST, M.D.B.&M., DOUGLAS COUNTY, NEVADA, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

PARCEL A, AS SHOWN ON THE PARCEL MAP FOR MARY JANE CARTER, RECORDED AUGUST 8, 1989, IN BOOK 889, PAGE 1070, DOCUMENT NO. 208249, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA.

IN COMPLIANCE WITH NEVADA REVISED STATUTE 111.312, THE HEREIN ABOVE LEGAL DESCRIPTION WAS TAKEN FROM INSTRUMENT RECORDED SEPTEMBER 9, 2016, AS FILE NO. 887337, RECORDED IN THE OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA

APN: 1420-35-101-040

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4369526

CERTIFICATE OF DEATH

2023020318
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) Donna Tammy BOGGIO		2. DATE OF DEATH (Mo/Day/Year) September 09, 2023		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 address and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 82		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) April 12, 1941		9a. STATE OF BIRTH (If not US/CA, name country) Montana		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER ██████-0520		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
HOMEMAKER		HOME		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1630 Chowbuck St.		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Pete MIKLETHUN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Emma May MCGUIRE		
18a. INFORMANT - NAME (Type or Print) Bonita Jean DION		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2787 Kayne Avenue Minden, Nevada 89423			
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) NORMA M FINKES SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD967		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) CRAIG RAU 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) September 19, 2023		21c. HOUR OF DEATH 12:55		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Nael Aboul-hosn DO		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) Craig Rau MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 10991	
24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 19, 2023		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) Acute cardiorespiratory Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(b) St Elevation Myocardial Infarction				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Acute Exacerbation Of Chronic Obstructive pulmonary Disease				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Unknown Etiology				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. St-Elevation Myocardial Infarction				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

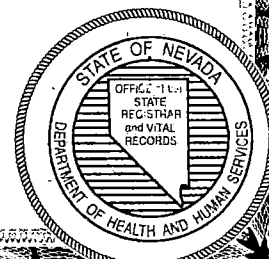
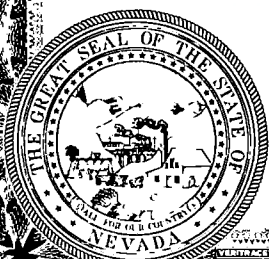
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

9/19/2023

DATE ISSUED:

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