

APN# a portion of 1319-15-000-020



SHAWNYNE GARREN, RECORDER

Recording Requested by/Mail to:
Name: Judy S. Dick
Address: 124 Egan Avenue
City/State/Zip: Dayton, NV 89403

Mail Tax Statements to:
Name: Judy S. Dick
Address: 124 Egan Avenue
City/State/Zip: Dayton, NV 89403

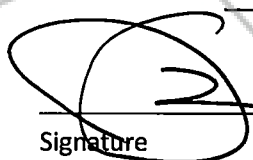
Affidavit of Death

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
Joan E. Neuffer, Esq.

Printed Name

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

APN: A portion of 1319-15-000-020

When Recorded Mail to:

Judy S. Dick
124 Egan Avenue
Dayton, NV 89403

Mail Tax Statements to:

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Dayton, NV 89403

**AFFIDAVIT OF DEATH
(DEATH OF SPOUSE)**

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

The affiant, JUDY S. DICK, being first duly sworn, deposes and states that:

1. The affiant is of legal age for the state of Nevada.
2. That GARY STEVEN DICK, the decedent mentioned in the attached original *Certificate of Death*, who died on September 10, 2023, in Carson City, Nevada, is the same person as GARY S. DICK, one of the Grantees in that certain *Grant Deed* signed and dated by Grantors on April 25, 2015. The said *Certificate of Death* is attached to this Affidavit.
3. That the said GARY STEVEN DICK died on the 10th day of September, 2023, in Carson City, State of Nevada, as set forth in the attached *Certificate of Death* issued September 19, 2023, as State File Number 2023020090 with the State of Nevada, Carson City.

4. That the affiant and the decedent were both Grantees in that certain *Grant Deed*, signed and dated by Grantors on April 25, 2015, and recorded on that same date as Document Number 2016-882203 in the records of the Office of the Douglas County Recorder, Nevada. The legal description of the property transferred to Grantees is described in **Exhibit A**, attached.

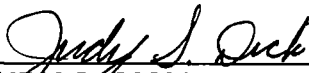
5. That the relationship between the affiant and the decedent was that of husband and wife and that the parties held the property as Grantors and initial Trustees of the Gary S. Dick and Judy S. Dick Revocable Living Trust, dated January 20, 2012.

6. That all interest in and to said real property vested absolutely in the affiant, JUDY S. DICK, as the surviving spouse and sole Trustee of the Gary S. Dick and Judy S. Dick Revocable Living Trust, dated January 20, 2012, as of the date of said decedent's death as set forth above.

7. On December 16, 2023, JUDY S. DICK revoked the Gary S. Dick and Judy S. Dick Revocable Living Trust, dated January 20, 2012, and on same date, created the Judy Stewart Dick Living Trust.

8. I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

In witness whereof, I set my hand this 16th day of December, 2023.



JUDY S. DICK
Affiant

EXHIBIT A

An undivided fee simple ownership interest in and to the following described Time Share Interest that has been created at David Walley's Hot Springs Resort and Spa located in Douglas County, Nevada and more fully described within that certain Fifth Amended and Restated Declaration of Time Share Covenants, Conditions and Restrictions for David Walley's Resort that has been filed of record on August 27, 2001, with the Recorder in and for Douglas County, Nevada in Book 0801 Page 6980, as amended:

Unit Type: 2bd Phase: 3 Inventory Control No: 36023082440 Alternate Year Time Share: Annual First Year Use: 2016

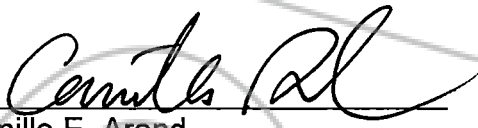
If acquiring a Time Share Interest in Phase I, BUYER will receive fee title to a $1/1071^{\text{th}}$ undivided interest (if annually occurring) or a $1/2142^{\text{th}}$ undivided interest (if biennially occurring) in said Phase. If acquiring a Time Share Interest in Phase II, BUYER will receive fee title to a $1/1989^{\text{th}}$ undivided interest (if annually occurring) or a $1/3978^{\text{th}}$ undivided interest (if biennially occurring) in said Phase. If acquiring a Time Share Interest in Phase III, BUYER will receive fee title to a $1/1224^{\text{th}}$ undivided interest (if annually occurring) or a $1/2448^{\text{th}}$ undivided interest (if biennially occurring) in said Phase. If acquiring a Time Share Interest in the Dillon Phase, BUYER will receive fee title to a $1/1224^{\text{th}}$ undivided interest (if annually occurring) or a $1/2448^{\text{th}}$ undivided interest (if biennially occurring) in said Phase.

TOGETHER WITH all appurtenances related thereto, forever and in fee simple but subject to the usage limitations contained in the Declaration, all restrictions imposed by the Walley's Property Owner's Association, Inc., all other restrictions reserved unto the Grantor, and all other easements and restrictions of every nature of record, and state and county ad valorem and other taxes, if any.

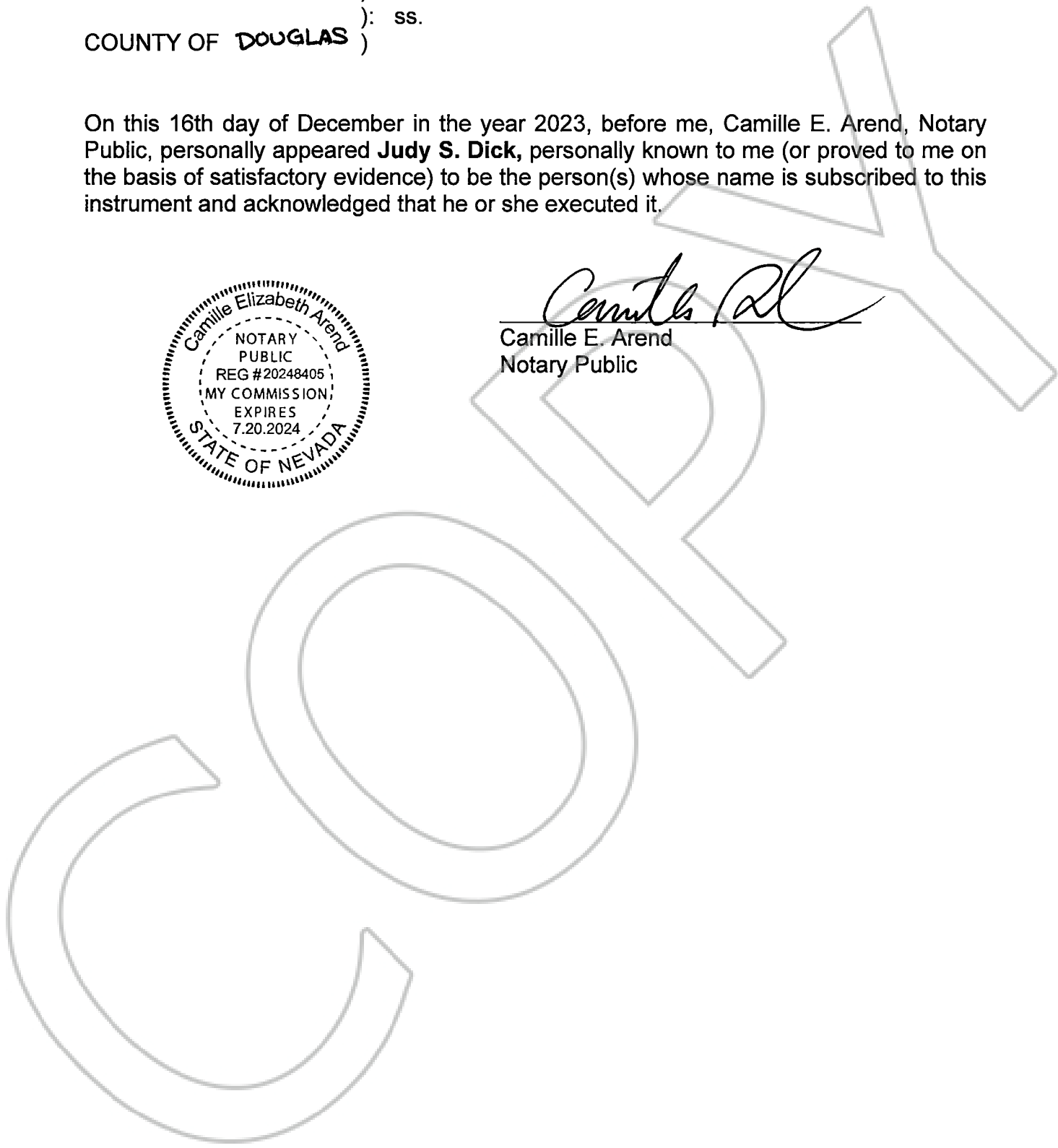
STATE OF NEVADA)
): ss.
COUNTY OF DOUGLAS)

On this 16th day of December in the year 2023, before me, Camille E. Arend, Notary Public, personally appeared **Judy S. Dick**, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name is subscribed to this instrument and acknowledged that he or she executed it.





Camille E. Arend
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. 4369829

CERTIFICATE OF DEATH

2023020090
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Gary Steven DICK		2. DATE OF DEATH (Mo/Day/Year) September 10, 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 or number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 76		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) October 24, 1946		9a. STATE OF BIRTH (If not US/CA, name country) Kansas		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) Judy Ann STEWART	
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-9791		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Correction Officer		14b. KIND OF BUSINESS OR INDUSTRY Law Enforcement	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Lyon		15c. CITY, TOWN OR LOCATION Dayton	
DISPOSITION	15d. STREET AND NUMBER 124 Egan Avenue		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Orlando Albert DICK	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Avis Maurine GULLEY		18a. INFORMANT- NAME (Type or Print) Judy S DICK		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 124 Egan Avenue Dayton, Nevada 89403	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Reno		19c. LOCATION City or Town State Reno Nevada 89511	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RENEE L TORRES SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD965		20c. NAME AND ADDRESS OF FACILITY Smart Cremation 9708 Gillespie Street, Ste A106 Las Vegas Nv 89183	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title)		21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) MARILYN A BRANINBURG SIGNATURE AUTHENTICATED		22b. DATE SIGNED (Mo/Day/Yr) September 14, 2023	
			22c. HOUR OF DEATH 08:27		22d. PRONOUNCED DEAD (Mo/Day/Yr) September 10, 2023	
			22e. PRONOUNCED DEAD AT (Hour) 08:27			
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Marilyn A Braninburg 911 E Musser St Carson City, NV 89701		23b. LICENSE NUMBER			
	24a. REGISTRAR (Signature) MARLI MORAIGNE REINHEIMER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 14, 2023		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
	PART I (a) cardiorespiratory Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Coronary Artery Disease DUE TO, OR AS A CONSEQUENCE OF: (c) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: (d)		Interval between onset and death		Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. History Of Acute Myocardial Infarction With Stent Placement		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

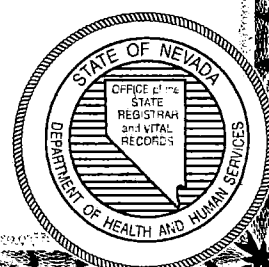
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **9/19/2023**

Cody A. Reininger

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