

APN# 1121-05-516-040

Recording Requested by/Mail to:

Name: LeGoy Law

Address: 702 Plumas Street

City/State/Zip: Reno, NV 89509

Mail Tax Statements to:

Name: Diana Renee & John S. Sjoberg

Address: 278 Mark Street

City/State/Zip: Gardnerville NV 89410

Affidavit of Death of Joint Tenant

**Title of Document** (required)

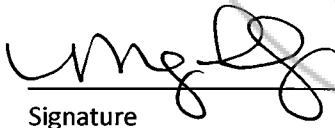
----- (Only use if applicable) -----

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

Molly M. LeGoy

Printed Name

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

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

APN: 1121-05-516-040

Recording requested by:  
LeGoy Law  
702 Plumas Street  
Reno, NV 89509

After Recording Mail to and send  
Tax statements to:  
Diana Renee & John S. Sjoberg  
278 Mark Street  
Gardnerville, NV 89410

**AFFIDAVIT OF DEATH OF JOINT TENANT**  
[278 Mark Street]

1. I, Diana Renee, am the daughter of Marie Ann Sutton also known as Marie A. Sutton, and I hereby affirm under penalty of perjury that the assertions of this Affidavit are true:

2. I am an adult over 18 years of age and have personal knowledge of the facts stated herein.

3. Marie A. Sutton was my mother.

4. Marie A. Sutton died on June 9, 2023, 2023, as reflected in the Certified Copy of her Certificate of Death attached hereto.

5. Pursuant to the Quit Claim Deed recorded on July 23, 2020, as Document No. 2020-949600 of the Official Records of Douglas County, Nevada, Marie A. Sutton, a single woman, John S. Sjoberg, a single man, and Diana Renee, a single woman, acquired title all as joint tenants with right of survivorship to the real property situate in Douglas County, Nevada, more commonly known as 278 Mark Street, Gardnerville, Nevada, containing Assessor's Parcel Number 1121-05-516-040.

6. Based on said Quit Claim Deed, the legal description of the real property subject to the joint tenancy is particularly described on Exhibit A, attached hereto and incorporated herein by reference.

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7. Thereafter, John S. Sjoberg and Diana Renee own the real property described herein as joint tenants with right of survivorship.

Diana Renee  
Diana Renee

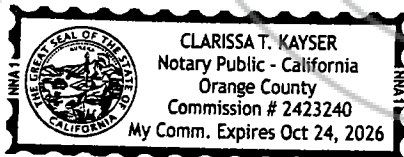
*A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.*

STATE OF CALIFORNIA )  
 ) ss.  
County of Orange )

Subscribed and sworn to (or affirmed) before me on this 17 day of December, 2023 by DIANA RENEE, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

(Seal)

Signature Clarissa T. Kayser



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

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

CASE FILE NO. 4354222

**CERTIFICATE OF DEATH**

2023012923  
STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

PRECEDENT

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>Marie Ann SUTTON</b>		2. DATE OF DEATH (Mo/Day/Year) <b>June 09, 2023</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>278 Mark Street</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>82</b>		7b. UNDER 1 YEAR MO'S    DAYS		7c. UNDER 1 DAY HOURS    MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>October 12, 1940</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>Divorced</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first-marriage)	
13. SOCIAL SECURITY NUMBER <b>██████████-2587</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>SECRETARY</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>LEGAL SERVICES</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>278 Mark Street</b>		15e. INSIDE CITY LIMITS (Specify Yes or No)		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Frank DROBIK</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Josephine MAGINO</b>		
18a. INFORMANT - NAME (Type or Print) <b>John SJOBERG</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>278 Mark Street Gardnerville, Nevada 89410</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>La Paloma Reno</b>		19c. LOCATION City or Town State <b>Reno Nevada 89511</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such): <b>RENEE L TORRES</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD965</b>		20c. NAME AND ADDRESS OF FACILITY <b>Smart Cremation</b> <b>9708 Gillespie Street, Ste A106 Las Vegas NV 89183</b>	
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>EITHNE-MARIE N BARTON DO</b> 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) <b>June 13, 2023</b>		21c. HOUR OF DEATH <b>20:48</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)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		23b. LICENSE NUMBER <b>DO1614</b>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Eithne-Marie N Barton DO 580 W 5th St Reno, NV 89503</b>		24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 14, 2023</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>Malignant Neoplasm Of Rectosigmoid Junction</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Acute Kidney Failure</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Severe Protein Calorie Malnutrition</b> DUE TO, OR AS A CONSEQUENCE OF: (d) <b>Hyponatremia</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., 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	



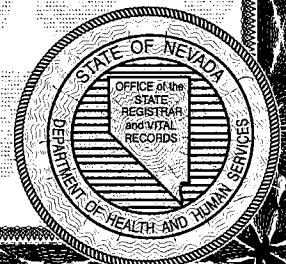
CERTIFIED COPY OF VITAL RECORDS

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:

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

*Wesley Storey*



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT A

LOT 204, AS SET FORTH ON THE RECORD OF SURVEY FOR PINEVIEW DEVELOPMENT, UNIT NO. 6, FILED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER ON SEPTEMBER 26, 2005, IN BOOK 0905, PAGE 9644, FILE NO. 655937, SUBJECT TO THAT CERTAIN DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS FOR PINE VIEW FILED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER ON OCTOBER 13, 1997, IN BOOK 1097, PAGE 2388, FILE NO. 0423883; EXCLUDING ANY AND ALL WATER RIGHTS, INCLUDING, BUT NOT LIMITED TO: APPLICATIONS AND PERMITS TO APPROPRIATE ANY OF THE PUBLIC WATERS; CERTIFICATES OF APPROPRIATION; ADJUDICATED OR UNADJUDICATED WATER RIGHTS; APPLICATIONS OR PERMITS TO CHANGE THE PLACE OF DIVERSION, MANNER OF USE OR PLACE OF USE OF WATER; AND, FEDERAL RESERVED WATER RIGHTS.