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File No. 2000574394

**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF Nevada

COUNTY OF Douglas

I, **Irene Elsie Gutierrez** ("Affiant"), whose mailing address is 751 E Peak Ln., Gardnerville, NV 89460, being of legal age of consent and competent to make this Affidavit, and familiar with the past ownership and occupancy of the real property described below in this Affidavit, being duly sworn, depose and say as follows:

That **Peter John Gutierrez**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Peter John Gutierrez**, named as one of the parties in that certain deed dated 07-10-2001, executed by Louise Marin to Peter John Gutierrez and Irene Elsie Gutierrez, husband and wife as joint tenants with right of survivorship, recorded at Instrument No. 520917, Book 07801 Page 4795, on 08-17-2001, in the Office of the County Recorder of Douglas County, State of Nevada, concerning the following described real estate described below:

SITUATED IN THE COUNTY OF DOUGLAS AND STATE OF NEVADA.

LOT 26, AS SHOWN ON THE OFFICIAL MAP OF GARDNERVILLE RANCHOS UNIT NO. 5, FILED FOR RECORD ON NOVEMBER 4, 1970 IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 50056

Affiant gives this Affidavit for the purpose of transferring the title to the foregoing property to Affiant on the records of the Recorder's Office in Douglas County, Nevada.

Affiant declares that the foregoing is true and correct.

  
Irene Elsie Gutierrez

STATE OF Nevada

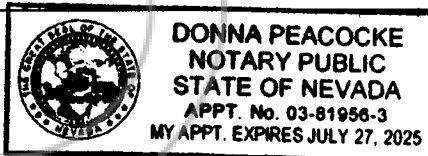
COUNTY OF Douglas

Subscribed and sworn to (or affirmed) before me on this 15 day of November, 2023, by Irene Elsie Gutierrez, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(seal)

Signature Donna Peacocke

FOR NOTARY STAMP



Prepared by: Diana Ebron, Esq., Nevada Bar No. 10580, Cordell Law LLC, 5315 N Clark Street #173, Chicago, IL 60640, (866) 363-3337.

The preparer of this instrument has neither been requested to nor has the preparer conducted a title search or an inspection of the real property transferred hereby. No representations or warranties as to accuracy of the description, the status of title or condition of the real property have been made by the preparer.

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

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

CASE FILE NO. 4229837

**CERTIFICATE OF DEATH**

**2021020325**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Peter John GUTIERREZ</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 10, 2021</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) <b>Renown South Meadows Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify Yes - Puerto Rican		7a. AGE-Last birthday (Years) <b>72</b>	
	7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>January 17, 1949</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not US/CA, name country) <b>Puerto Rico</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
	11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Irene Elsie RICE</b>			
PARENTS	13. SOCIAL SECURITY NUMBER <b>3038</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	15d. STREET AND NUMBER <b>751 E Peak Ln</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Pedro Juan GUTIERREZ</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Gloria May WINDING</b>		18a. INFORMANT- NAME (Type or Print) <b>Irene Elsie GUTIERREZ</b>			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>751 E Peak Ln Gardnerville, Nevada 89460</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>			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>DENICE PORTILLO</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD872</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410</b>	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	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) <b>JULIE SCHRADER DO</b>			
CAUSE OF DEATH	22b. DATE SIGNED (Mo/Day/Yr) <b>August 25, 2021</b>		22c. HOUR OF DEATH <b>15:50</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>August 10, 2021</b>	
	22e. PRONOUNCED DEAD AT (Hour) <b>15:50</b>		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Julie Schrader DO 990 E Ninth St Reno, NV 89512</b>			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER <b>DO2116</b>		24a. REGISTRAR (Signature) <b>CARMEN M MENDOZA</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 25, 2021</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			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I		(a) <b>Aspiration Pneumonia</b>				Interval between onset and death
		DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
		(b) <b>Dysphagia</b>				Interval between onset and death
		DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
		(c) <b>Acute Encephalopathy</b>				Interval between onset and death
		DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
		(d) <b>Lithium Toxicity</b>				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. <b>Bipolar Disorder, Chronic Alcohol Abuse, Atherosclerotic And Hypertensive Cardiovascular Disease</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>
28a. ACC, SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) <b>ACCIDENT</b>		28b. DATE OF INJURY (Mo/Day/Yr) <b>June 28, 2021</b>		28c. HOUR OF INJURY <b>1200</b>		28d. DESCRIBE HOW INJURY OCCURRED <b>Used Lithium</b>
28e. INJURY AT WORK (Specify Yes or No) <b>No</b>		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) <b>Residence</b>		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE <b>781 Eastlake Peak Lane Gardnerville Nevada</b>		



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: **8/31/2021**

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

*Julie Schrader*  
STATE REGISTRAR

