

APN: 1220-21-710-091

Requested by:

Samantha Amato, Esq.
Amato Law
5470 Kietzke Ln. #300
Reno, NV 89511



00163733202309929310050056

SHAWNYNE GARREN, RECORDER

**When Recorded Return To:
& Send Tax Statements To:**

RICHARD MARC BUGG
1359 Allyn Ct.
Gardnerville, NV 89460

Affidavit of Surviving Joint Tenants

Affirmation: *I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law: Affidavit of Death NRS 440.380(1)(a) & NRS 40.525(5)*

Signature: Richard M. Bugg Capacity: Grantor
RICHARD M. BUGG

Date: 12-27-22

This page added to provide additional information required by NRS 111.312
(additional recording fee applies)

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RICHARD MARC BUGG
1359 Allyn Ct.
Gardnerville, NV 89460

**AFFIDAVIT OF SURVIVING
JOINT TENANTS**

I, RICHARD M. BUGG, hereby swear under penalty of perjury that the assertions of this affidavit are true of my own knowledge:

1. That I am over the age of twenty-one (21) years and competent to testify as to the matters hereinafter stated.
2. I, RICHARD M. BUGG, am a person named as a grantee in that certain Grant, Bargain, and Sale Deed recorded as Document No. 0691903 of the Official Records in the Office of the County Recorder of Douglas County, Nevada, and the real property is more commonly known as 1359 Allyn Ct., Gardnerville, NV 89460.
3. The property which is the subject of the above-described deed is located in the County of Douglas, State of Nevada, and is more particularly described as follows:

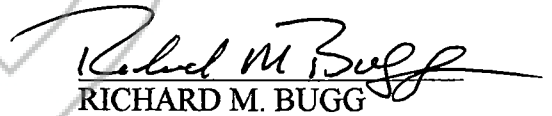
LOT 594, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 7, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MARCH 27, 1974, AS DOCUMENT NO. 72456.

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4. LISA A. MICHNER-BUGG (aka Lisa Anne Michner-Bugg) was one of the grantees and joint tenants with right of survivorship named in said deed, who died on the 13th day of July in Gardnerville, Nevada, County of Douglas and is the identical person named as LISA ANNE MICHNER-BUGG, a married woman and the decedent, in that certain Certificate of Death, a certified copy of which is attached hereto as **Exhibit 1**.

I SWEAR THE FOREGOING IS TRUE AND CORRECT.

DATED the 27 of December 2022.


RICHARD M. BUGG

State of NEVADA)
)ss
County of Douglas)

SUBSCRIBED and SWORN TO before me

this 27 day of December 2022.



NOTARY PUBLIC

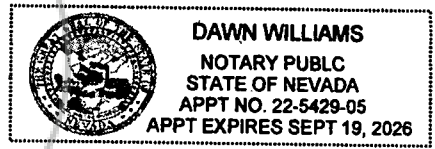


Exhibit "1"

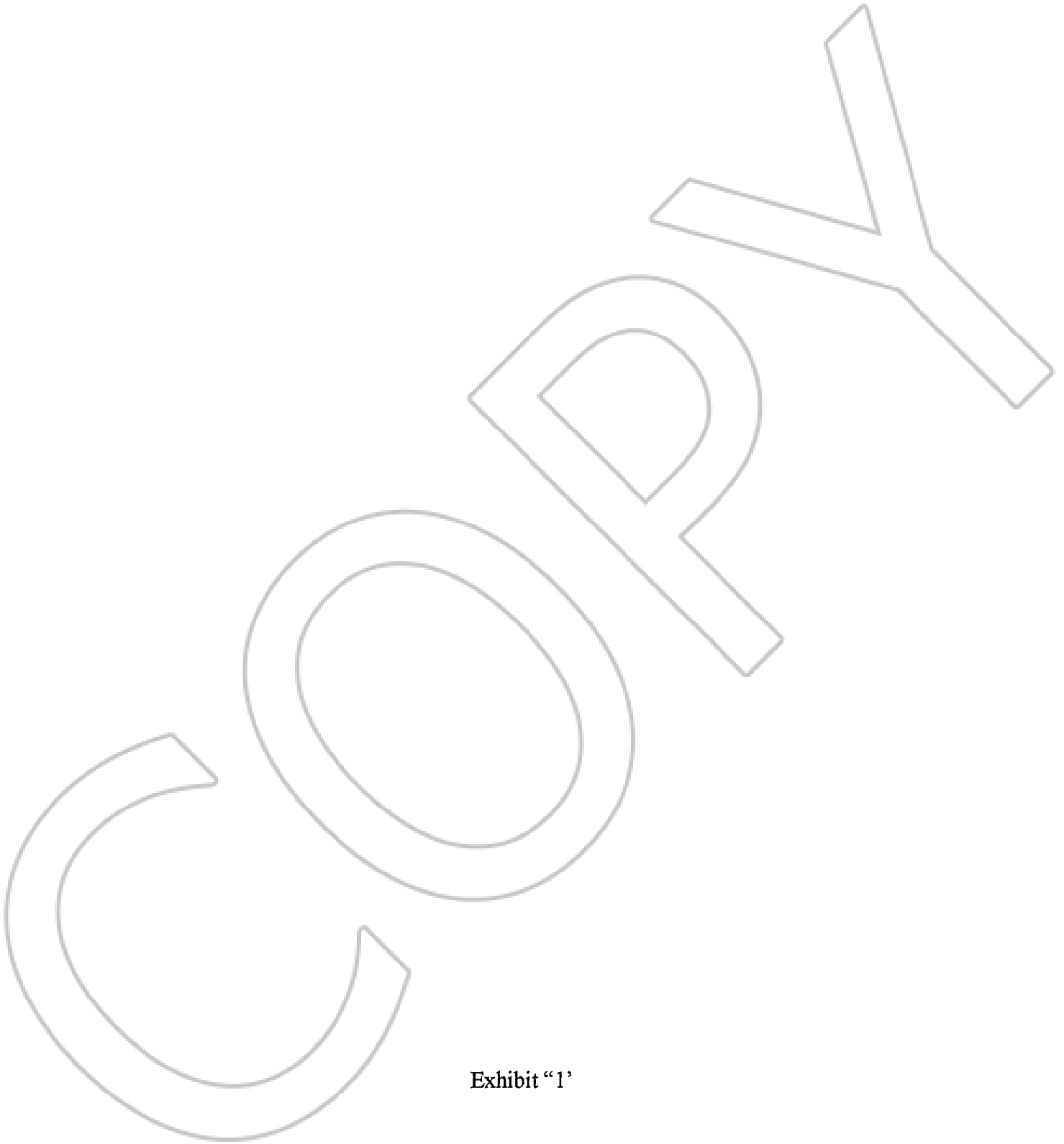


Exhibit "1"

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4294679

CERTIFICATE OF DEATH

2022017159
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) Lisa Anne MICHNER-BUGG		2 DATE OF DEATH (Mo/Day/Year) July 13, 2022		3a COUNTY OF DEATH Douglas	
3b CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1359 Allyn Court		3e If Hosp or Inst. indicate DOA,CP/Emer Rm Inpatient(Specify) Home	
4 SEX Female		5. RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) 64		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
8 DATE OF BIRTH (Mo/Day/Yr) March 09, 1958		9a STATE OF BIRTH (If not US/CA, name country) California		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) Richard Marc BUGG	
13 SOCIAL SECURITY NUMBER -1016		14a USUAL OCCUPATION /Give Kind of Work Done During Most of CASHIER		14b KIND OF BUSINESS OR INDUSTRY BENTLY	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Gardnerville	
15d STREET AND NUMBER 1359 Allyn Court		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Morris MICHNER			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Carol HARLEN		
18a INFORMANT - NAME (Type or Print) Richard Marc BUGG		18b MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) 1359 Allyn Court Gardnerville, Nevada 89460			
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 Esmerelda 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) REED DOPF 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) July 15, 2022		21c HOUR OF DEATH 12:44		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)			
23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Reed Dopf MD 907 Mountain Street Carson City, NV 89703				23b LICENSE NUMBER 13920	
24a REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 19, 2022		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))				26 AUTOPSY (Specify Yes or No) No	
PART I				27 WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
(a) Respiratory Arrest				Interval between onset and death	
(b) Acute Respiratory Failure				Interval between onset and death	
(c) Malignant, Metastatic Squamous Cell Carcinoma Of Uncertain Primary				Interval between onset and death	
(d) Etiology Is Not Specified				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					
28a ACC, SUICIDE, HGM, 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	



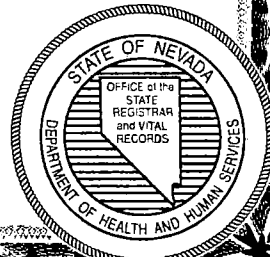
CERTIFIED COPY OF VITAL RECORDS

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: **7/20/2022**

Scott Spangler
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