

APN: 1420-28-111-010
(formerly 21-471-090)

When Recorded, Please Return To:
Millward Law, Ltd.
1591 Mono Ave.
Minden, NV 89423

Mail Future Tax Statements To:
Victoria J. Chandler
2959 Del Rio Lane
Minden, NV 89423



SHAWNYNE GARREN, RECORDER

AFFIDAVIT OF DEATH OF JOINT TENANT

(The attached document does contain the social security number of a person as required by NRS 440.380)

STATE OF NEVADA)
) SS.
DOUGLAS COUNTY)

I, Victoria Jean Chandler, being of legal age and duly sworn, deposes and says under penalty of perjury under the laws of the State of Nevada.

That all of the real property commonly known as 2959 Del Rio Lane, Minden, Nevada, situated in the State of Nevada, County of Douglas, APN: 1420-28-111-010, more precisely described in **Exhibit A** attached hereto and incorporated herein, was acquired and held by Paul N. Chandler and Victoria J. Chandler, husband and wife as Joint Tenants with right of survivorship, by Grant, Bargain and Sale Deed executed by Paul N. Chandler and Victoria J. Chandler, which deed was thereafter recorded with the Douglas County Recorder on January 29, 1998;

That Paul Nicholas Chandler died on November 1, 2021, as identified in Certificate of Death #2021027321, issued by the Department of Health and Human Services of the State of Nevada attached hereto as **Exhibit B**; and

That pursuant to the rules of survivorship, Affiant, Victoria Jean Chandler, is the survivor and presumptively holds this property as an unmarried woman as her sole and separate property.

That this information is offered with personal knowledge and declared under penalty of perjury.

Affiant further sayeth naught.

Date: December 15, 2022

Victoria Jean Chandler
Victoria Jean Chandler, Affiant

State of Nevada)
) ss.
Douglas County)

This instrument was signed and sworn to before me, a Notary Public, on December 15, 2022, by Victoria Jean Chandler.

Ramona L. Moyle
Notary Public

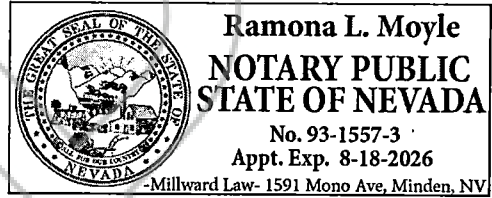
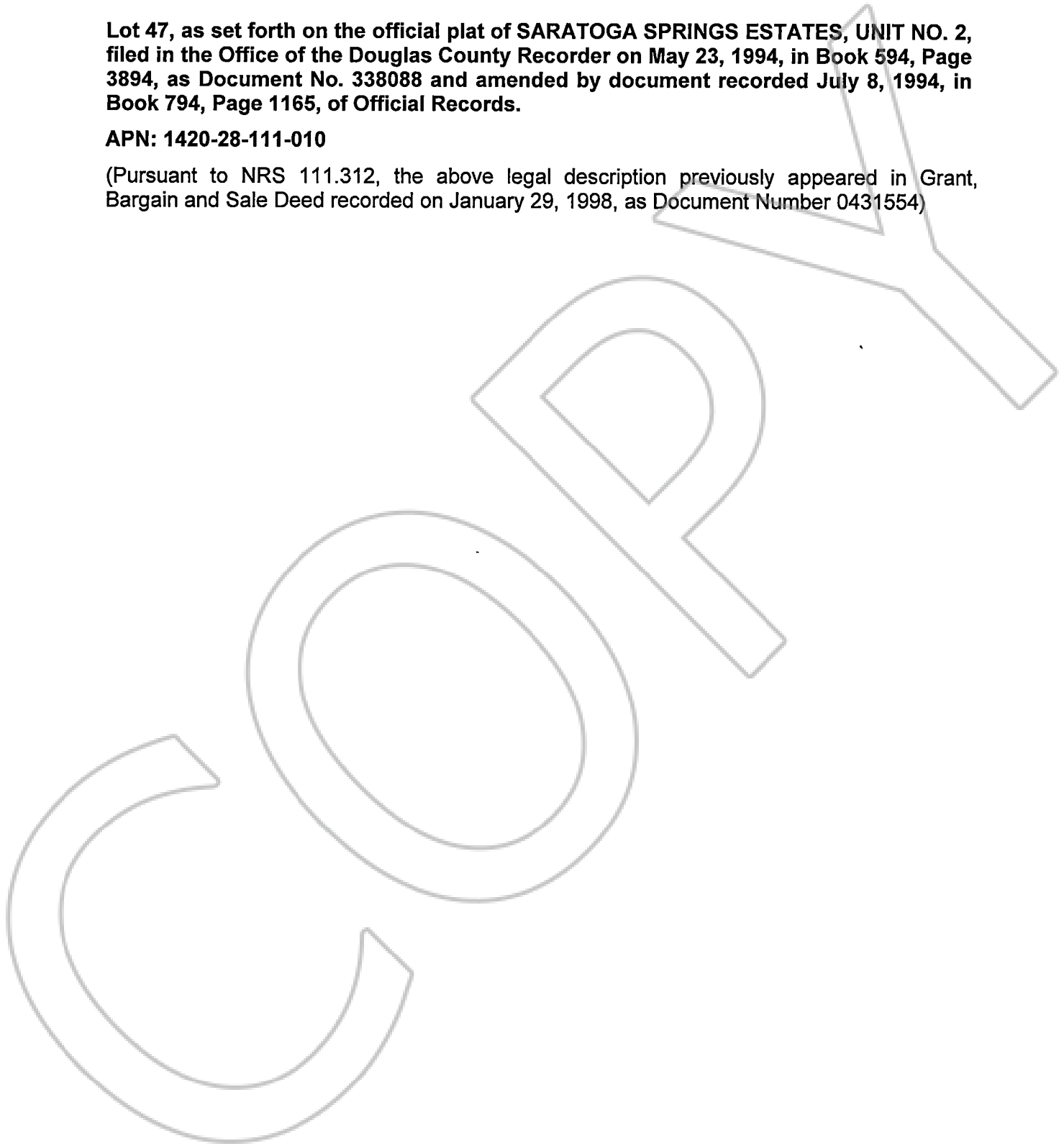


Exhibit "A"

Lot 47, as set forth on the official plat of SARATOGA SPRINGS ESTATES, UNIT NO. 2, filed in the Office of the Douglas County Recorder on May 23, 1994, in Book 594, Page 3894, as Document No. 338088 and amended by document recorded July 8, 1994, in Book 794, Page 1165, of Official Records.

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(Pursuant to NRS 111.312, the above legal description previously appeared in Grant, Bargain and Sale Deed recorded on January 29, 1998, as Document Number 0431554)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4245874

CERTIFICATE OF DEATH

2021027321
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Paul Nicholas CHANDLER		2. DATE OF DEATH (Mo/Day/Year) November 01, 2021		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) 2959 Del Rio Lane		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 68	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 HOUR HOURS	
DECEDENT	8. DATE OF BIRTH (Mo/Day/Yr) December 05, 1952		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 13		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Victoria WHITE	
	13. SOCIAL SECURITY NUMBER ██████████-2698		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Maintenance		14b. KIND OF BUSINESS OR INDUSTRY Golf Course	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
PARENTS	15d. STREET AND NUMBER 2959 Del Rio Lane		16. FATHER/PARENT - NAME (First Middle Last Suffix) Ralph CHANDLER		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Margaret MARINOVICH	
	18a. INFORMANT- NAME (Type or Print) Victoria CHANDLER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2959 Del Rio Lane Minden, Nevada 89423			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD622		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
DISPOSITION	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) SIGNATURE AUTHENTICATED BRYAN L RICKS MD			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) November 03, 2021		21c. HOUR OF DEATH 03:18		22b. DATE SIGNED (Mo/Day/Yr)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)
TRADE CALL	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Bryan L Ricks MD 1200 Mountain Street Carson City, NV 89703				23b. LICENSE NUMBER 9435	
	24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 03, 2021		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					
CAUSE OF DEATH	(a) Cardiopulmonary Arrest				Interval between onset and death Immediate	
	DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
	(b) Uncertain Etiology				Interval between onset and death Immediate	
	DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(c) _____				Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
	(d) _____				Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
REGISTRAR	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) No	
	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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: **11/4/2021**

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

[Signature]
STATE REGISTRAR

