

This document does contain a social security number pursuant to NRS 440.380(1)(a) & NRS 40.525(5) Natalia K. Vander Laan, Esq.



SHAWNYNE GARREN, RECORDER

APN: 1420-28-811-031

Recording requested by:)
Vander Laan Law Firm LLC)
1618-B US Hwy 395 N)
Minden, NV 89423)

When recorded mail to:)
Steven Scott Chitwood)
1350 N Greenville Ave, Apt 1317)
Richardson, TX 75081)

Mail tax statement to:)
Steven Scott Chitwood)
1350 N Greenville Ave, Apt 1317)
Richardson, TX 75081)

AFFIDAVIT – DEATH OF CO-TENANT

I, STEVEN SCOTT CHITWOOD, also known as Steven S. Chitwood, of legal age, being first duly sworn, declare under penalty of perjury that:

JULIE ANN KAWCHACK KIRKLAND CHITWOOD, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JULIE CHITWOOD named as one of the parties (grantees) in that certain deed dated June 12, 2017, and executed by Julie Kawcheck Kirkland, an unmarried woman also known of record as Julie Chitwood (grantor) to Julie Chitwood, a single person and Steven S. Chitwood, a single person, as Joint Tenants with the right of survivorship (grantees), recorded on June 16, 2017, as Document No. 2017-900130 of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

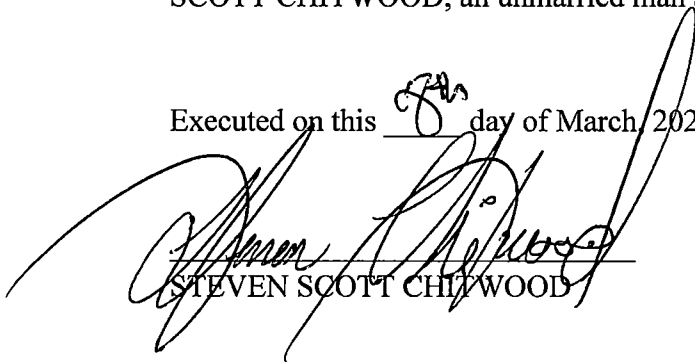
Lot 3, of SARATOGA HEIGHTS SUBDIVISION UNIT NO. 1, according to the map thereof, filed in the office of the County Recorder of Douglas County, Nevada, on May 15, 1961, as File No. 17827.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

JULIE CHITWOOD, the deceased party, died on December 17, 2022, as shown in the attached certified copy of Certificate of Death.

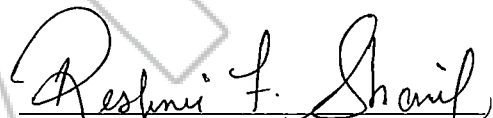
The Affiant is the son of the Decedent and the surviving tenant, now holding title as STEVEN SCOTT CHITWOOD, an unmarried man as his sole and separate property.

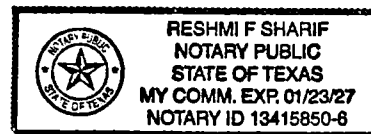
Executed on this 8th day of March, 2023, in the county of Collin, state of Texas.


STEVEN SCOTT CHITWOOD

STATE OF TEXAS)
): ss
COUNTY OF Collin)

This instrument was acknowledged before me on this 8th day of March, 2023, by STEVEN SCOTT CHITWOOD.


NOTARY PUBLIC, State of Texas



This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

CASE FILE NO. 4323708

2022030051
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) Julie Ann KAWCHACK KIRKLAND CHITWOOD		2. DATE OF DEATH (Mo/Day/Year) December 17, 2022		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 66		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 09, 1956		9a. STATE OF BIRTH (if not US/CA, name country) Colorado		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 13		11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER ██████████-6489		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of CHILD CARE WORKER (IN OWN HOME)		14b. KIND OF BUSINESS OR INDUSTRY CHILD DAY CARE (IN OWN HOME)	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1390 Stephanie Way		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Steve Paul KAWCHACK	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Edith Marie EDDY		18a. INFORMANT - NAME (Type or Print) Jennifer Ann KIRKLAND		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1390 Stephanie Way Minden, Nevada 89423	
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		20b. FUNERAL DIRECTOR LICENSE NUMBER FD967		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
20d. SIGNATURE AUTHENTICATED		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) CHRISTINE A OBREGON APRN		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) December 22, 2022		21c. HOUR OF DEATH 14:22		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)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Christine A Obregon APRN 13945 S Virginia Street Reno, NV 89511				23b. LICENSE NUMBER APRN842495	
24a. REGISTRAR (Signature) BLAIR J HEDRICK		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 22, 2022		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I		Interval between onset and death			
(a) Cardiopulmonary Arrest		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) Hepatorenal Syndrome		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) Cirrhosis		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(d) Hepatitis C		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.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		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	



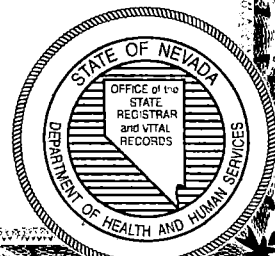
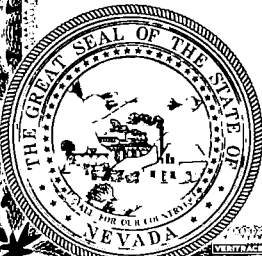
CERTIFIED COPY OF VITAL RECORDS

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: 12/28/2022

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

Blair J Hedrick
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE