

APN: 1220-16-710-007

Recording Requested By/Return To:  
HERITAGE LAW  
1625 Highway 88, Suite 304  
Minden, NV 89423



SHAWNYNE GARREN, RECORDER

Mail Future Tax Statements To:  
KAREN VUCETA  
873 Tillman Lane  
Gardnerville, NV 89460

The undersigned hereby affirms that this document submitted for recording DOES contain personal information as required by law: NRS 440.380(1)(A) and NRS 40.525(5)

**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF NEVADA            )  
                                          : ss.  
COUNTY OF DOUGLAS        )

KAREN VUCETA, being of legal age, and being of sound mind and body, hereby swears (or affirms) under penalty of perjury, that the following is true of her own personal knowledge:

That DAVID FREDERICK VUCETA, the Decedent mentioned in the certified copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit 1** and incorporated herein by reference, is the same person as DAVID F. VUCETA, named in that certain *Grant, Bargain, Sale Deed* recorded on April 8, 1986, as Document No. 133154 of Official Records of Douglas County, State of Nevada, which Grantees took title as joint tenants, and which *Grant, Bargain, Sale Deed* pertains to property situated at 873 Tillman Lane, Gardnerville, Douglas County, Nevada, and more precisely described as:

**SEE LEGAL DESCRIPTION ATTACHED HERETO AS EXHIBIT "A"**

Pursuant to NRS 111.312, the above legal description was previously recorded in that certain *Grant, Bargain, Sale Deed* recorded as Document No. 133154 of Official Records of Douglas County, State of Nevada, on April 8, 1986.

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I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.


Dated: March 16, 2023.

Karen Vuceta  
KAREN VUCETA, Surviving Grantee and  
Surviving Joint Tenant

STATE OF NEVADA            )  
                                          : ss.  
COUNTY OF DOUGLAS        )

On March 16, 2023, before me, a Notary Public, personally appeared KAREN VUCETA, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that she executed it.

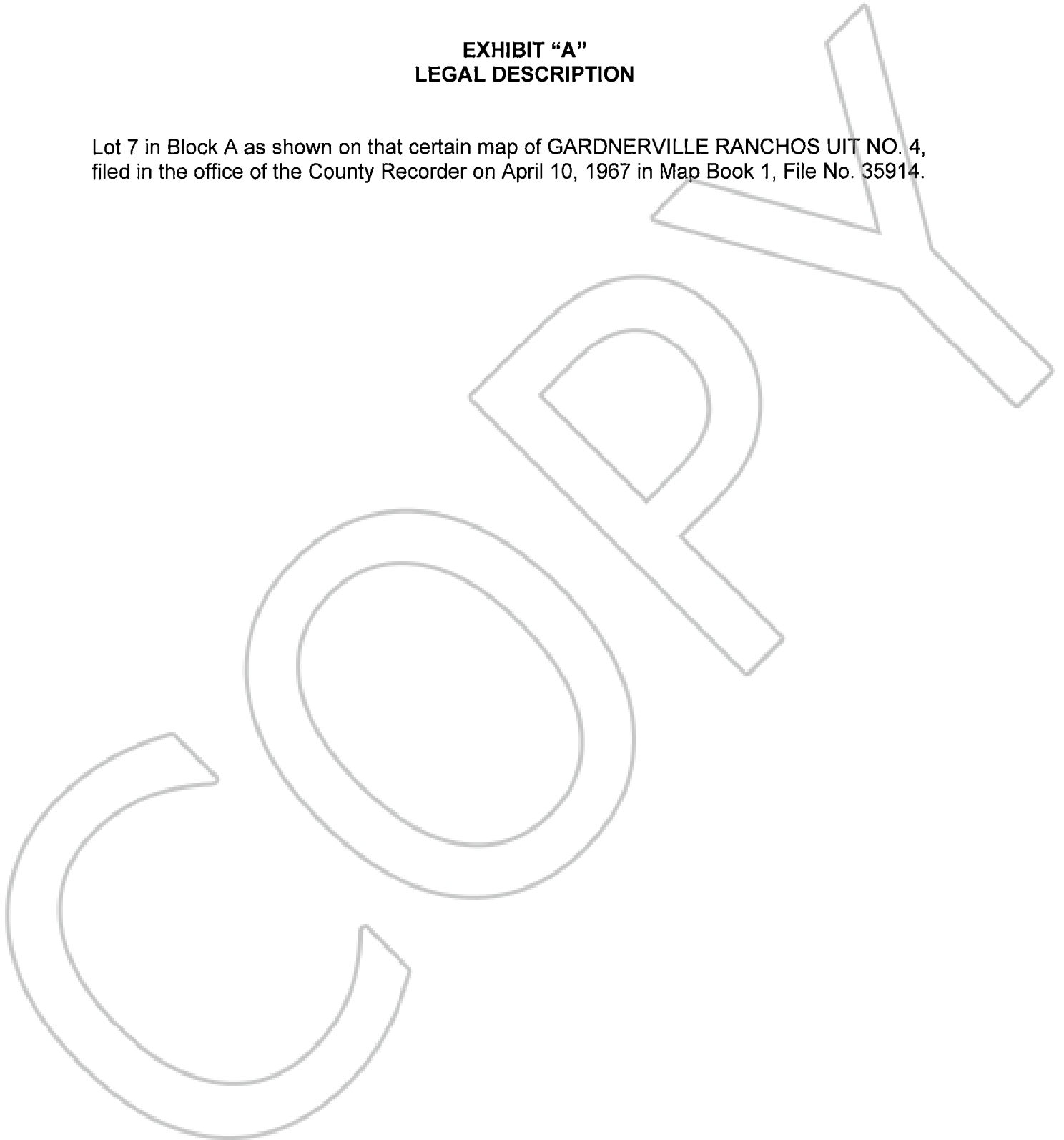
Michelle Andra Gibbons  
Notary Public

 MICHELLE ANDRA GIBBONS  
Notary Public - State of Nevada  
Appointment Recorded in Douglas County  
No: 21-1975-05 - Expires January 4, 2025

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**EXHIBIT "A"  
LEGAL DESCRIPTION**

Lot 7 in Block A as shown on that certain map of GARDNERVILLE RANCHOS UIT NO. 4,  
filed in the office of the County Recorder on April 10, 1967 in Map Book 1, File No. 35914.



**EXHIBIT 1**

APN: 1220-16-710-007

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*Certified Copy of Certificate of Death, State of Nevada,  
David Frederick Vuceta, Deceased*

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

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

CASE FILE NO. 4219022

**CERTIFICATE OF DEATH**

2021014446  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>David Frederick VUCETA</b>		2. DATE OF DEATH (Mo/Day/Year) <b>June 17, 2021</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 a number) <b>873 Tillman Lane</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
	4. SEX <b>Male</b>		7a. AGE-Last birthday (Years) <b>64</b>		7b. UNDER 1 YEAR MOS    DAYS	
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7c. UNDER 1 DAY HOURS    MINS	
	8. DATE OF BIRTH (Mo/Day/Yr) <b>September 22, 1956</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
	10. EDUCATION <b>16</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Karen MC DONALD</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER <b>[REDACTED]-1821</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>CORRECTION OFFICER</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>LAW ENFORCEMENT</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>873 Tillman Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Rade R VUCETA</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Magdalena ALLEN</b>		
	18a. INFORMANT - NAME (Type or Print) <b>Karen VUCETA</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>873 Tillman Lane Gardnerville, Nevada 89460</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden Nevada 89423</b>	
DISPOSITION	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>LYLE P MEYER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD854</b>		20c. NAME AND ADDRESS OF FACILITY <b>Eastside Memorial Park Funeral &amp; Creations 1600 Buckeye Rd Minden NV 89423</b>	
	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) <b>SIGNATURE AUTHENTICATED EVAN W EASLEY MD</b>					
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr) <b>June 17, 2021</b>		21c. HOUR OF DEATH <b>05:44</b>		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)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
	22d. PRONOUNCED DEAD (Mo/Day/Yr)		22a. PRONOUNCED DEAD AT (Hour)			
TRADE CALL	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Evan W Easley MD 1520 Virginia Ranch Rd Gardnerville, NV 8941C</b>				23b. LICENSE NUMBER <b>7446</b>	
	24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 21, 2021</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) (b), AND (c).)					
CAUSE OF DEATH	PART I				Interval between onset and death	
	(a) <b>Chronic Obstructive Pulmonary Disease</b>				Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Myelodysplastic Syndrome</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Type 2 Diabetes Mellitus</b>				Interval between onset and death		
DUE TO, OR AS A CONSEQUENCE OF: (d) <b>Morbid Obesity</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.				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)		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: **6/23/2021**

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

*[Signature]*  
STATE REGISTRAR

