

APN# 1220-03-210-058



SHAWNYNE GARREN, RECORDER

Recording Requested by/Mail to:

Name: Mark Berry

Address: 1339 Mountain Ash Way

City/State/Zip: Gardnerville, NV 89410

Mail Tax Statements to:

Name: Mark Berry

Address: 1339 Mountain Ash Way

City/State/Zip: Gardnerville, NV 89410

Affidavit - Death of Joint Tenant

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Signature

Mark Berry

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

APN: 1220-03-210-058

RECORDING REQUESTED BY:

Mark Berry

AFTER RECORDATION, RETURN BY MAIL TO:

Mark Berry
1339 Mountain Ash Way
Gardnerville, NV 89410

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss:
COUNTY OF DOUGLAS)

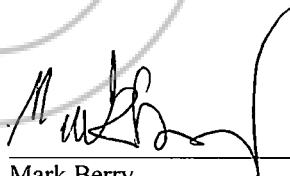
Mark Berry, being 18 years or over, being first duly sworn, deposes and says:

The decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Kelli McHenry named as one of the parties in that certain Quit Claim Deed dated January 25, 2022, executed by Kelli McHenry (Grantor) to Kelli McHenry and Mark Berry (surviving tenant), husband and wife as joint tenants with right of survivorship, and recorded on January 28, 2022, as Document No. 2022-980456 of Official Records of Douglas County, State of Nevada, covering the following described real property in Douglas County, in said County, State of Nevada:

Lot 45, Block I, as set forth on Final Subdivision Map LDA 01-047, Planned Unit Development for ARBOR GARDENS, PHASE 1, filed for record in the office of the County Recorder of Douglas County, State of Nevada on October 18, 2002, Book 1002, Page 8115, as Document No. 555262, and by Certificate of Amendment recorded February 20, 2003, in Book 0203, at Page 7818, as Document No. 567590, and September 28, 2004 in Book 904, at Page 11209, as Document No. 625221.

A.P.N. 1220-03-210-058


Dated: 4-6-23



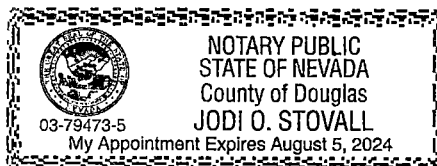
Mark Berry

State of Nevada)
) ss.
County of Douglas)

Subscribed and sworn to (or affirmed) before me on this 6 day of April, 2023, by Mark Berry, proved to me on the basis of satisfactory evidence to be the person(s) who appear before me.



Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4335680

CERTIFICATE OF DEATH

2023003783
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) Kelli N MCHENRY		2. DATE OF DEATH (Mo/Day/Year) February 21, 2023		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) 1339 Mountain Ash Way		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 51		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
7d. UNDER 1 YEAR DAYS		7e. UNDER 1 DAY MIN		8. DATE OF BIRTH (Mo/Day/Yr) March 31, 1971	
9a. STATE OF BIRTH (if not US/CA, name country) Alabama		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Mark Allen BERRY			
13. SOCIAL SECURITY NUMBER ██████████-8947		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) SCHOOL TEACHER		14b. KIND OF BUSINESS OR INDUSTRY SCHOOLS	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1339 Mountain Ash Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) JB THOMPSON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Shiela CALLOWAY		
18a. INFORMANT- NAME (Type or Print) Mark Allen BERRY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1339 Mountain Ash Way Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funerals & Cremations 1600 Buckeye Rd 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) February 23, 2023		21c. HOUR OF DEATH 09:13		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) Reed Dopf MD 907 Mountain Street Carson City, NV 89703				23b. LICENSE NUMBER 13920	
24a. REGISTRAR (Signature) MARLI MORAIGNE REINHEIMER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 23, 2023		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).)				Interval between onset and death	
PART I					
(a) Respiratory Arrest					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Acute Respiratory Failure					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Malignant, Metastatic Carcinoma Of Undetermined Primary					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
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.

3/3/2023

DATE ISSUED:

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

