

<b>A.P.N. No.:</b>	1220-16-116-009
<b>File No.:</b>	1981468 KDJ
<b>Recording Requested By:</b>	
Stewart Title Company	
<b>When Recorded Mail To:</b>	
Cheryl Ryan	
598 Little Sorrel Court	
Reno, NV 89521	

DOUGLAS COUNTY, NV	<b>2023-995596</b>
Rec:\$40.00	
\$40.00 Pgs=3	<b>04/14/2023 11:15 AM</b>
STEWART TITLE COMPANY - NV	
SHAWNYNE GARREN, RECORDER	

(for recorders use only)

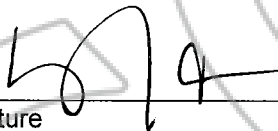
**Affidavit - Death of Joint Tenant  
(Title of Document)**

**Please complete Affirmation Statement below:**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 440.380(1)(A) and NRS 40.525(5)

Signature 

Escrow Officer

Title

Kayla Jacobsen  
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1 - 2 and NRS 239B.030 Section 4.

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<b>File No.:</b>	1981468 KDJ
<b>Recording Requested By:</b>	
<b>Stewart Title Company</b>	
<b>Mail Tax Statements To:</b>	<i>Same as below</i>
<b>When Recorded Mail To:</b>	
Cheryl Ryan	
1228 Springtime Drive	
Gardnerville, NV 89460	

### AFFIDAVIT - DEATH OF JOINT TENANT


State of Nevada                    )  
   ) ss  
 County of Douglas                )

Cheryl Ryan, of legal age, being first duly sworn, deposes and says: That Richard Ryan, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Richard Ryan named as one of the parties in that certain Grant, Bargain and Sale Deed dated October 19, 2017 executed by Casey Ryan to Richard Ryan and Cheryl Ryan, husband and wife as joint tenants, recorded as Document No. 2017-906096, on October 26, 2017 of Official Records of Douglas County Nevada, covering the following described property situated in Douglas County, State of Nevada.

All that certain real property situated in the County of Douglas, State of Nevada, described as follows:

Lot 9, of the Final Map of HIDDEN CREEK, according to the Map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on April 11, 1995, in Book 495, at Page 1452, as Document No. 359824.

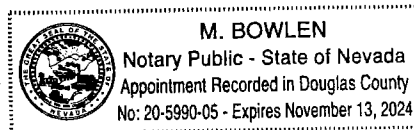
Dated: April 11, 2023.

  
 Cheryl Ryan

State of Nevada )  
   ) ss  
 County of Douglas )

This instrument was acknowledged before me on the 11<sup>th</sup> day of April, 2023  
 By: Cheryl Ryan.

Signature: M. Bowlen  
 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. 4253988

**CERTIFICATE OF DEATH**

2021031492  
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) <b>Richard Kenneth RYAN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 29, 2021</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION-Name (If not either, give street number) <b>Renown Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>77</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Illinois</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
13. SOCIAL SECURITY NUMBER <b>██████████6033</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Charles RYAN</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Joann HORIE</b>			
18a. INFORMANT- NAME (Type or Print) <b>Cheryl RYAN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1228 Springtime Drive Gardnerville, Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>DENICE PORTILLO</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD872</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</b>	
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>KATHERINE S CALLAHAN MD SIGNATURE AUTHENTICATED</b>					
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <b>KATHERINE S CALLAHAN MD SIGNATURE AUTHENTICATED</b>		22b. DATE SIGNED (Mo/Day/Yr) <b>December 15, 2021</b>	
		22c. HOUR OF DEATH <b>10:20</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>November 29, 2021</b>	
		22e. PRONOUNCED DEAD AT (Hour) <b>10:20</b>			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Katherine S Callahan MD 990 E Ninth St Reno, NV 89512</b>				23b. LICENSE NUMBER <b>16921</b>	
24a. REGISTRAR (Signature) <b>KATHERINE J SULLIVAN</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 16, 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).)					
PART I					
(a) <b>Hypertensive And Atherosclerotic Cardiovascular Disease</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
(c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
(d) DUE TO, OR AS A CONSEQUENCE OF: 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. <b>Diabetes Mellitus; Atrial Fibrillation; Normal Pressure Hydrocephalus; Chronic Kidney Disease; Subdural Hemorrhage</b>				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) <b>ACCIDENT</b>		28b. DATE OF INJURY (Mo/Day/Yr) <b>November 24, 2021</b>		28c. HOUR OF INJURY <b>1515</b>	
28d. DESCRIBE HOW INJURY OCCURRED <b>Ground Level Fall</b>					
28e. INJURY AT WORK (Specify Yes or No) <b>No</b>		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) <b>Hospital</b>		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE <b>1155 Mill Street Reno Nevada</b>	



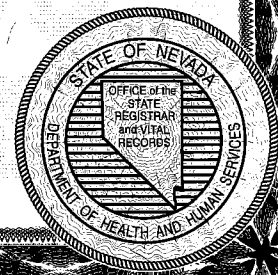
CERTIFIED COPY OF VITAL RECORDS

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: **1/4/2022**

*Katherine J Sullivan*  
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