

APN# 1420-07-213-002



00168547202309969400030035

SHAWNYNE GARREN, RECORDER

Recording Requested by/Mail to:

Name: Linda McPeek

Address: 877 Vista Park Dr.

City/State/Zip: Carson City, NV 89705

Mail Tax Statements to:

Name: Linda McPeek

Address: 877 Vista Park Dr.

City/State/Zip: Carson City, NV 89705

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

Linda McPeek

Printed Name

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

APN: 1420-07-213-002

RECORDING REQUESTED BY:

Linda McPeek
877 Vista Park Dr.
Carson City, NV 89705

AFTER RECORDATION, RETURN BY MAIL TO:

Linda McPeek
877 Vista Park Dr.
Carson City, NV 89705

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss:
COUNTY OF DOUGLAS)

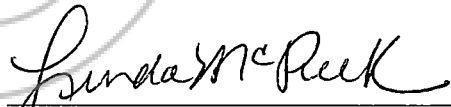
Linda McPeek, being 18 years or over, being first duly sworn, deposes and says:

The decedent mentioned in the attached certified copy of Certificate of Death, is the same person as David McPeek named as one of the parties in that certain Grant, Bargain, Sale Deed dated November 13, 2018, executed by James W. McMasters and Elizabeth V. McMasters, husband and wife as joint tenants, to David McPeek and Linda McPeek (surviving tenant), husband and wife as joint tenants, and recorded on November 16, 2018, as Document No. 2018-922335 of Official Records of Douglas County, State of Nevada, covering the following described real property in said County, State of Nevada:

Lot 1-10 in Block I as shown on the Final Map #1007-4 of VALLEY VIEW ESTATES PHASE 3, filed for record in the Office of the Douglas County Recorder on July 28, 1998 in Book 798 at Page 5872 as Document No. 445464, Official Records.

A.P.N. 1420-07-213-002

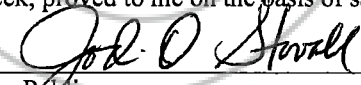
Dated: 5-31-23



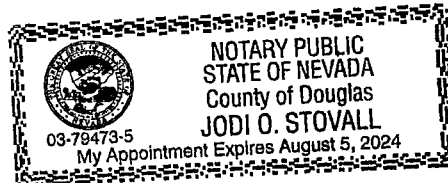
Linda McPeek

State of Nevada)
) ss.
County of Douglas)

Subscribed and sworn to (or affirmed) before me on this 31 day of MAY, 2023, by Linda McPeek, 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. 4336040

CERTIFICATE OF DEATH

2023003981
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) David J. MCPEEK		2. DATE OF DEATH (Mo/Day/Year) February 16, 2023		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) 877 Vista Park Dr		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		7a. AGE-Last birthday (Years) 78		7b. UNDER 1 YEAR MOS	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY HOURS	
7d. UNDER 1 DAY MIN		8. DATE OF BIRTH (Mo/Day/Yr) June 07, 1944			
9a. STATE OF BIRTH (If not US/CA, name country) West Virginia		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Linda Dawn MACDONALD			
13. SOCIAL SECURITY NUMBER 8676		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) CRAPS DEALER		14b. KIND OF BUSINESS OR INDUSTRY CASINO	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 877 Vista Park Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Harley Ivan MCPEEK			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary Maxine HALE		
18a. INFORMANT- NAME (Type or Print) Linda Dawn MCPEEK		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 877 Vista Park Dr Carson City, Nevada 89705			
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) BETHANY J RASMUSSEN		20b. FUNERAL DIRECTOR LICENSE NUMBER FD969		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
20a. 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) ILEANA C DEFTU 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) February 26, 2023		21c. HOUR OF DEATH 13:44		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) Ileana C Deftu MD 235 West 6th Street Reno, NV 89503				23b. LICENSE NUMBER 12431	
24a. REGISTRAR (Signature) MARLI MORAIGNE REINHEIMER		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 27, 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).) PART I		Interval between onset and death			
(a) Acute Myeloblastic Leukemia		Interval between onset and death			
(b) Congestive Heart Failure		Interval between onset and death			
(c) Hypertension		Interval between onset and death			
(d) Diabetes Mellitus Type II		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Unknown Etiology				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	



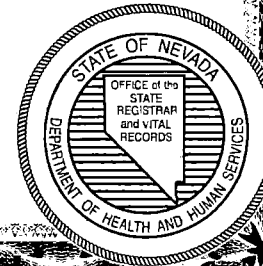
CERTIFIED COPY OF VITAL RECORDS

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: **3/2/2023**

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