

DOUGLAS COUNTY, NV **2023-998073**
Rec:\$40.00
\$40.00 Pgs=4 **06/29/2023 11:10 AM**
STEWART TITLE COMPANY - NV
SHAWNYNE GARREN, RECORDER

A.P.N. No.:	1320-32-812-006
File No.:	2050353 MMB
Recording Requested By:	
Stewart Title Company	
When Recorded Mail To:	
Robert Carl Malkmus	
1319 Toler Lane	
Gardnerville, NV 89410	

(for recorders use only)

Affidavit Death of Beneficiary
(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 205.4605

(State specific law)


Signature

Escrow Officer
Title

Miranda Bowlen
Print Signature

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

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

A.P.N. No.:	1320-32-812-006
File No.:	2050353 MMB
Recording Requested By:	
Stewart Title Company	
Mail Tax Statements To:	<i>Same as below</i>
When Recorded Mail To:	
Robert Carl Malkmus	
1319 Toler Lane	
Gardnerville, NV 89410	

AFFIDAVIT - DEATH OF BENEFICIARY

State of Nevada)
) ss
County of Douglas)

Robert Carl Malkmus, of legal age, being first duly sworn, deposes and says: That Marilyn Verda Malkmus, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Marilyn V. Malkmus named as one of the beneficiary parties in that certain Deed of Trust dated September 29, 1998 executed by Hillary A. Guild, Trustee of the California Properties Trust 1, as Trustor to Robert Carl Malkmus and Marilyn V. Malkmus, as joint tenants, as Beneficiary recorded in Book 1098 as Document No. 0451750, on October 14, 1998 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 6 in Block A as shown on that certain Record of Survey filed for record in the Office of the County Recorder of Douglas County, Nevada on March 11, 1998 in Book 398, at Page 2283 as Document No. 434596, Official Records being a Boundary Line Adjustment of the map, for GARDEN GLEN PATIO HOMES, a Planned Unit Development #2000, filed for record in the Office of the County Recorder of Douglas County, State of Nevada on June 6, 1996, Book 696, Page 789, as Document No. 389450.

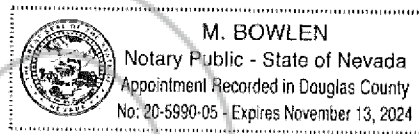
Dated: June 28, 2023.

Robert Carl Malkmus
Robert Carl Malkmus, Surviving Joint Tenant

State of Nevada)
) ss
County of Douglas)

This instrument was acknowledged before me on the 28th day of June, 2023
By: Robert Carl Malkmus, Surviving Joint Tenant.

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. 4249341

CERTIFICATE OF DEATH

2021028808
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

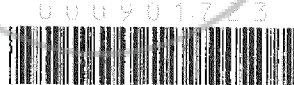
CERTIFIER

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) Marilyn Verda MALKMUS		2. DATE OF DEATH (Mo/Day/Year) November 16, 2021		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) 1560 Orchard Road		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) 80		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
7d. UNDER 1 DAY MINS		8. DATE OF BIRTH (Mo/Day/Yr) January 20, 1941			
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Robert Carl MALKMUS			
13. SOCIAL SECURITY NUMBER 9754		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1560 Orchard Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Alexander William DUGOID			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Betty Delois GRUENDLER		
18a. INFORMANT - NAME (Type or Print) Robert Carl MALKMUS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1560 Orchard Road Gardnerville, Nevada 89410			
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) PHILLIP R MAYFIELD SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD887		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502	
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) DOUGLAS VACEK DO 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) November 18, 2021		21c. HOUR OF DEATH 09:41		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) Douglas Vacek DO 850 6th Street Lovelock, NV 89419				23b. LICENSE NUMBER 1125	
24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 19, 2021		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					
(a) Cardiac Arrest Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Electrolyte Imbalance Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Metastatic Bladder Cancer Interval between onset and death					
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., UNGET. 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

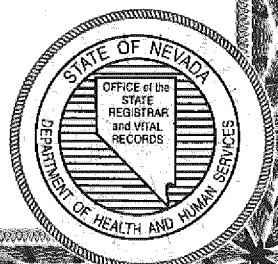
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 11/29/2021

Jan Grisham

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