

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT DOES CONTAIN A SOCIAL SECURITY NUMBER AS REQUIRED BY LAW NRS 440.380(1)(a) and NRS 40.525(5)



SHAWNYNE GARREN, RECORDER

APN: 1220-21-110-002

WHEN RECORDED MAIL TO:
A + Documents
411 W Third Street, Suite 1
Carson City, NV 89703

Mail Tax Documents to:
Peter Vallejo and Lisa M. Vallejo
1260 Kyndal Way
Gardnerville, NV 89460

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

AFFIDAVIT OF DEATH OF JOINT TENANT

PETER VALLEJO being first duly sworn, deposes and says:

1. ANNA S. VALLEJO died on January 1, 2020 and a certified copy of her Death Certificate is attached hereto as Exhibit "A".
2. That at the date of her death, said ANNA S. VALLEJO was an owner in joint tenancy with the Affiant of certain real property located in Douglas County, State of Nevada, described as:

LOT 8 AS SET FORTH ON THE OFFICIAL MAP OF TILLMAN ESTATES, FILED FOR RECORD IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER ON APRIL 12, 1994, IN BOOK 494, PAGE 2192, AS DOCUMENT NO. 334956, OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA.

Commonly known as: 1260 Kyndal Way, Gardnerville, NV 89460

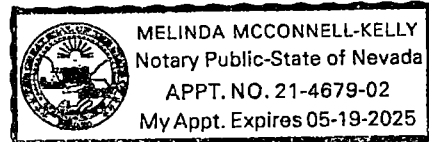
3. That said joint tenancy was created by a Deed dated July 16, 2018 and recorded on July 25, 2018 as File No. 917200, in the Douglas County Recorder's Office.
4. That upon the death of ANNA S. VALLEJO, the Affiant and LISA M. VALLEJO, became the joint tenants of the above described property.

Signature, PETER VALLEJO

State of Nevada)
CARSON CITY)

Subscribed and Sworn to me on July 14, 2023, by PETER VALLEJO who personally appeared before me, a Notary Public, and executed the above document.

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. 4122149

CERTIFICATE OF DEATH

2020000057
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Anna S VALLEJO		2. DATE OF DEATH (Mo/Day/Year) January 01, 2020		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) 1260 Kyndal Way		3e. If Hosp or Inst. indicate DOA, OP/Emer Rm Inpatient (Specify) Home	
DECEDENT	4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 79		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) March 03, 1940		9a. STATE OF BIRTH (If not US/CA, name country) Arkansas		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Peter VALLEJO	
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-5937		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) BUSINESS OWNER		14b. KIND OF BUSINESS OR INDUSTRY NAIL SALON	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1260 Kyndal Way		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
	16 FATHER/PARENT - NAME (First Middle Last Suffix) Floyd SHAW			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mammie MUNGAL		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Peter VALLEJO		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1260 Kyndal Way Gardnerville, Nevada 89460			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) HARRISON CODY BILLIAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD943		20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #63 Carson City NV 89706	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) NITA SCHWARTZ 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) January 06, 2020		21c. HOUR OF DEATH 05:15		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
CAUSE OF DEATH	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH			
	22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
	24a. REGISTRAR (Signature) BLAISE SATURIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 07, 2020		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART I	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
	(a) Dementia, Alzheimers DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II	(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 I.				26. AUTOPSY (Specify Yes or No) No		
27. WAS CASE REFERRED TO CORONER (Specify Yes or 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		28h. CITY OR TOWN STATE		

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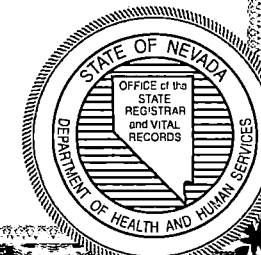
CERTIFIED COPY OF VITAL RECORDS

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: 1/8/2020

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

Blaise Saturiano
Blaise Saturiano
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE