

APN# 1320-33-413-010



00171842202309997430030036
SHAWNYNE GARREN, RECORDER

Recording Requested by/Mail to:

Name: Donald A. Dick

Address: 1449 Edlesborough Ct

City/State/Zip: Gardnerville, NV 89410

Mail Tax Statements to:

Name: Donald A. Dick

Address: 1449 Edlesborough Ct

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)

Donald A. Dick

Signature

Donald A. Dick

Printed Name

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

APN: 1320-33-413-010

RECORDING REQUESTED BY:

Donald A. Dick
1449 Edlesborough Ct
Gardnerville, NV 89410

AFTER RECORDATION, RETURN BY MAIL TO:

Donald A. Dick
1449 Edlesborough Ct
Gardnerville, NV 89410

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss:
COUNTY OF DOUGLAS)

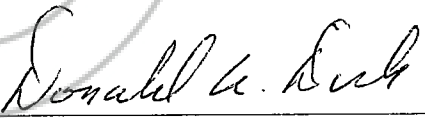
Donald A. Dick, being 18 years or over, being first duly sworn, deposes and says:

The decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Linda C. Dick named as one of the parties in that certain Grant, Bargain, Sale Deed dated July 5, 2012, executed by MKC, LLC, a Nevada Limited Liability Company to Linda C. Dick and Donald A. Dick (surviving tenant), as joint tenants, and recorded on July 13, 2012, in Book 712, Page 3323, Document No. 805662 of Official Records of Douglas County, State of Nevada, covering the following described real property in Gardnerville, in said County, State of Nevada:

LOT 29, IN BLOCK B, AS SET FORTH ON FINAL SUBDIVISION MAP FSM-1006-3 OF CHICHESTER ESTATES PHASE 3, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON SEPTEMBER 11, 1997, IN BOOK 997, AT PAGE 2121, AS DOCUMENT NO. 421409, OFFICIAL RECORDS.

A.P.N. 1320-33-413-010

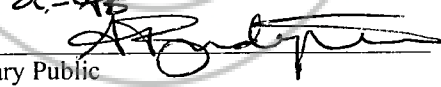
Dated: 8/21/2023



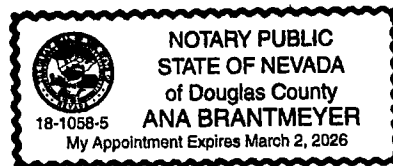
Donald A. Dick

State of Nevada)
) ss.
County of Douglas)

Subscribed and sworn to (or affirmed) before me on this 21st day of August, 2023 by Donald D. Dick, 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. 4301678

CERTIFICATE OF DEATH

2022020154
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

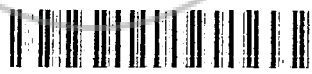
CERTIFIER

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) Linda Carmen DICK		2. DATE OF DEATH (Mo/Day/Year) August 19, 2022		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address and phone number.) 1449 Edelsborough Circle		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) 78		7b UNDER 1 YEAR MOS		7c UNDER 1 DAY HOURS	
7d UNDER 1 DAY MIN		8 DATE OF BIRTH (Mo/Day/Yr) May 05, 1944		9a STATE OF BIRTH (if not US/CA, name country) California	
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) Donald Anthony DICK		13 SOCIAL SECURITY NUMBER ██████████ 1511		14a USUAL OCCUPATION (Give Kind of Work Done During Most of)	
14b KIND OF BUSINESS OR INDUSTRY BANKING		14c Ever in US Armed Forces? No		15a RESIDENCE - STATE Nevada	
15b. COUNTY Douglas		15c CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1449 Edelsborough Circle	
15e INSIDE CITY LIMITS (Specify Yes or No) Yes		16 FATHER/PARENT - NAME (First Middle Last Suffix) Clifford C RANSOM		17 MOTHER/PARENT - NAME (First Middle Last Suffix) Margie Jane TUCKER	
18a INFORMANT- NAME (Type or Print) Donald Anthony DICK		18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1449 Edelsborough Circle 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) MERCEDES Q QUARTUCCI		20b FUNERAL DIRECTOR LICENSE NUMBER FD993		20c NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502	
20d 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) REED DOFF 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) August 22, 2022		21c HOUR OF DEATH 09:39		22b DATE SIGNED (Mo/Day/Yr)	
22c HOUR OF DEATH		22d PRONOUNCED DEAD (Mo/Day/Yr)		22e PRONOUNCED DEAD AT (Hour)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Reed Doff MD 907 Mountain Street Carson City, NV 89703			
23b LICENSE NUMBER 13920		24a REGISTRAR (Signature) SCOTT SHELDON SPANGLER		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 24, 2022	
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) Respiratory Arrest			
DUE TO, OR AS A CONSEQUENCE OF:		(b) Acute Respiratory Failure			
DUE TO, OR AS A CONSEQUENCE OF:		(c) Malignant, Metastatic Breast Carcinoma			
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 I				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	



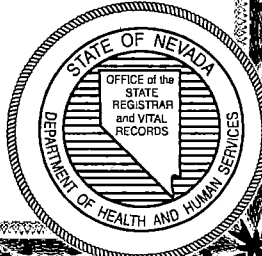
CERTIFIED COPY OF VITAL RECORDS

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: **8/29/2022**

Scott Spangler
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