

APN: 1320-33-210-045

When Recorded Mail to:

Neal C. Falk, Esq
990 Ironwood Drive
Minden NV 89423

Mail Tax Statements to:

Geraldine Lowry
1256 Ox Yoke Court
Gardnerville, NV



SHAWNYNE GARREN, RECORDER

SPACE ABOVE RESERVED FOR RECORDER'S USE

Pursuant to *NRS 239B.030*, I, the undersigned, affirm that this document submitted for recording does not contain the social security number of any person or persons.

AFFIDAVIT OF DEATH OF JOINT TENANT

State of NEVADA)
 : ss.
County of DOUGLAS)

Comes now, Geraldine Lowry, affiant herein, being of lawful age and sound mind and having been duly sworn upon her oath, states:

1. I am over 18 years of age, am of sound mind, and if called to testify would competently testify to the following:

2. The real property commonly known as 1256 Ox Yoke Court, Gardnerville, NV 89410, was conveyed to Peter Lowry and Geraldine Lowry, husband and wife, as joint tenants with right of survivorship, and not as tenants in common, by that certain Joint Tenancy Deed recorded on September 25, 2018 as Document No. 2018-920023 of the Official Records in the Office of the County Recorder of Douglas County, in and for the State of Nevada, (the "Deed").

3. Peter Lowry (Decedent) died on March 10, 2023. A certified copy of Decedent's death certificate is attached hereto and incorporated herein by reference.

4. At the time of the Decedent's death, he was the record owner, of certain real property which property is described in a Joint Tenancy Deed.

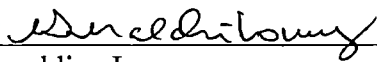
5. The real property commonly known as 1256 Ox Yoke Court, Gardnerville, NV 89410, which is the subject of the Deed is located in the County of Douglas, State of Nevada, is more particularly described as follows:

Lot 13, Block C, as shown on the amended Final Map Planned Unit Development PD 04-008 THE RANCH AT GARDNERVILLE PHASE 1, recorded in the office of the Douglas County Recorder, State of Nevada on March 30, 2012, in Book 312, Page 7779, as Document No. 799923, Official Records.

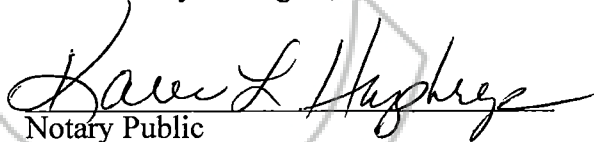
Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions remainders, rents, issues or profits thereof.

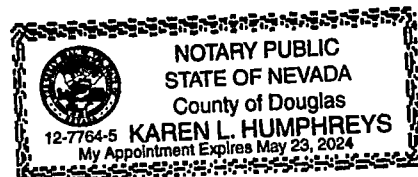
Pursuant to NRS §111.312, this legal description was previously recorded on September 25, 2018, as Document No. 2018-920023, in the Official Records of Douglas County.

DATED this 23rd day of August 2023.


Geraldine Lowry

SUBSCRIBED and SWORN to before me
This 23rd day of August, 2023.


Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

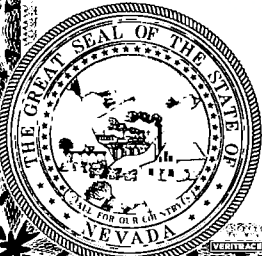
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4338471

CERTIFICATE OF DEATH

2023005304
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Peter Joseph LOWRY			2. DATE OF DEATH (Mo/Day/Year) March 10, 2023			3a. COUNTY OF DEATH Douglas											
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville			3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or number) Carson Valley Senior Living			3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Residential Care Facility/Group Home			4. SEX Male								
DECEDENT	5. RACE (Specify) White			6. Hispanic Origin? Specify No - Non-Hispanic			7a. AGE-Last birthday (Years) 75			7b. UNDER 1 YEAR MOS DAYS HOURS MINS			7c. UNDER 1 DAY			8. DATE OF BIRTH (Mo/Day/Yr) February 24, 1948		
	9a. STATE OF BIRTH (If not US/CA, name country) New Jersey			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 18			11. MARITAL STATUS (Specify) Married			12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Geraldine RIDDELL					
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER ██████████-5385			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)						14b. KIND OF BUSINESS OR INDUSTRY Communications			Ever in US Armed Forces? No					
	15a. RESIDENCE - STATE New Jersey			15b. COUNTY Passaic			15c. CITY, TOWN OR LOCATION Wayne			15d. STREET AND NUMBER 906 Four Seasons Dr			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) James Patrick LOWRY						17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ruth DEMARRAIS											
	18a. INFORMANT- NAME (Type or Print) Geraldine Riddell LOWRY						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 906 Four Seasons Dr Wayne, New Jersey 07470											
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park			19c. LOCATION City or Town State Minden Nevada 89423											
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR OF LICENSE NUMBER FD854			20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funerals & Creations 1600 Buckeye Rd Minden NV 89423											
TRADE CALL	TRADE CALL - NAME AND ADDRESS																	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED NITA SCHWARTZ 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) March 14, 2023			21c. HOUR OF DEATH 08:01			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH			22d. PRONOUNCED DEAD (Mo/Day/Yr)			22e. PRONOUNCED DEAD AT (Hour)		
REGISTRAR	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) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 14, 2023			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))																	
	PART I																	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) Cerebral Atherosclerosis																	
	DUE TO, OR AS A CONSEQUENCE OF:																	
	(b)																	
	DUE TO, OR AS A CONSEQUENCE OF:																	
(c)																		
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., 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			



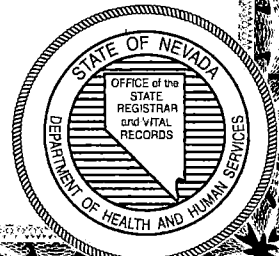
CERTIFIED COPY OF VITAL RECORDS

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.
3/22/2023

DATE ISSUED:

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