

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL DOCUMENT AND TAX STATEMENT TO:

NAME Stacy Dunleavy
STREET ADDRESS 1445 Palisade Cir
CITY, STATE & ZIP CODE Gardnerville, NV 89460

DOUGLAS COUNTY, NV **2023-999894**
Rec:\$40.00
Total:\$40.00 **08/25/2023 02:10 PM**
STACY DUNLEAVY Pgs=3



SHAWNYNE GARREN, RECORDER

TITLE ORDER NO. ESCROW NO. SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

APN: 1220-15-310-041

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF Nevada

COUNTY OF Carson City

Stacy Dunleavy, of legal age, being first duly sworn, deposes and says:

That James Patrick Dunleavy the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as James Dunleavy named as one of the parties in that certain Grant, Bargain, Sale Deed dated February 15, 2008 executed by James P. Dunleavy and Stacy A. Dunleavy, husband and wife to James Dunleavy and Stacy Dunleavy, husband and wife as joint tenants, with right of survivorship recorded as Instrument No. 718314 on 02/21/2008 of the Official Records in the Office of the County Recorder of Douglas County, State of Nevada, concerning the following described real property situated in the City of Gardnerville, County of Douglas, State of Nevada: (Insert legal description)

See exhibit A

That the value of all real and personal property owned by the decedent at the date of death, including the full value of the above described real property, did not then exceed the sum of \$ 0

Dated this 25th day of August, 2023

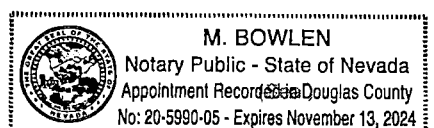
Stacy Dunleavy
(Signature of affiant)
Stacy Dunleavy
(Type or print full name of affiant)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 25th day of August, 2023
by, Stacy Dunleavy, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

M. Bowlen
(Signature)



* There are various types of deed forms depending on each person's legal status. Before you use this form you may want to consult an attorney if you have questions concerning which document form is appropriate for your transaction.

Exhibit A

Lot 9, in Block L, of GARDNERVILLE RANCHOS UNIT NO. 4, according to the map thereof, filed in the office of the County Recorder of Douglas County, Nevada, on April 10, 1967, as Document No. 35914.

COPY

SPACE BELOW FOR RECORDER



BK-208
PG-4475

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4282735

CERTIFICATE OF DEATH

2022011734
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) James Patrick DUNLEAVY		2 DATE OF DEATH (Mo/Day/Year) May 08, 2022		3a COUNTY OF DEATH Carson City	
3b CITY, TOWN, OR LOCATION OF DEATH Carson City		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) Carson Tahoe Regional Medical Center		3e if Hosp or Inst indicate DOA,OP/Emer Rm. Inpatient(Specify) Intensive Care Unit (ICU)	
5. RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 63	
9a STATE OF BIRTH (If not US/CA, name country) Minnesota		9b CITIZEN OF WHAT COUNTRY United States		10.EDUCATION 12	
13 SOCIAL SECURITY NUMBER ██████████4725		14a USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b KIND OF BUSINESS OR INDUSTRY	
15a RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c CITY, TOWN OR LOCATION Gardnerville	
15d STREET AND NUMBER 1445 Palisade Circle		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		11. MARITAL STATUS (Specify) Divorced	
12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		13 DATE OF BIRTH (Mo/Day/Yr) August 18, 1958		14c DATE OF BIRTH (Mo/Day/Yr) August 18, 1958	
16 FATHER/PARENT - NAME (First Middle Last Suffix) James Andrew DUNLEAVY		17 MOTHER/PARENT - NAME (First Middle Last Suffix) Doris Zavoral HARDING		11. MARITAL STATUS (Specify) Divorced	
18a INFORMANT- NAME (Type or Print) Natalie ANDERSON		18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 1445 Palisade Circle Gardnerville, Nevada 89460		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c LOCATION City or Town State Carson City Nevada 89701	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE		20b FUNERAL DIRECTOR LICENSE NUMBER FD304		20c NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
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 HANY GHALI MD		21b DATE SIGNED (Mo/Day/Yr) May 11, 2022		21c HOUR OF DEATH 14:50	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b DATE SIGNED (Mo/Day/Yr)	
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)		22b DATE SIGNED (Mo/Day/Yr)		22c HOUR OF DEATH	
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) Hany Ghali MD 1600 Medical Parkway Carson City, NV 89703	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Hany Ghali MD 1600 Medical Parkway Carson City, NV 89703		23b LICENSE NUMBER 14171		24a REGISTRAR (Signature) SCOTT SHELDON SPANGLER	
24a REGISTRAR (Signature) SCOTT SHELDON SPANGLER		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 12, 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		26 AUTOPSY (Specify Yes or No) No		27 WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
(a) Respiratory cardiac Arrest		Interval between onset and death		28a ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST (Specify)	
(b) Acute Hypoxic Respiratory Failure		Interval between onset and death		28b. DATE OF INJURY (Mo/Day/Yr)	
(c) Acute Combined Systolic And Diastolic Congestive Heart Failure		Interval between onset and death		28c HOUR OF INJURY	
(d) Hypertensive Heart Disease		Interval between onset and death		28d. DESCRIBE HOW INJURY OCCURRED	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I		28e INJURY AT WORK (Specify Yes or No)		28f PLACE OF INJURY- At home, farm, street, factory, office building, etc (Specify)	
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	



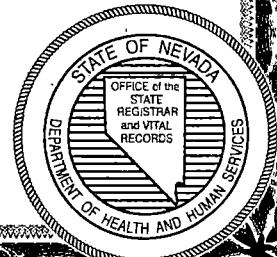
CERTIFIED COPY OF VITAL RECORDS

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.

Scott Spangler
STATE REGISTRAR

DATE ISSUED: 5/24/2022

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE