

This document does contain a social security number pursuant to NRS 440.380(1)(a) & NRS 40.525(5) Natalia K. Vander Laan, Esq.



SHAWNYNE GARREN, RECORDER

APN: 1221-05-002-004

Recording requested by:)
Donita Elam)
1297 Myers Drive)
Gardnerville, NV 89410)

When recorded mail to:)
Donita Elam)
1297 Myers Drive)
Gardnerville, NV 89410)

Mail tax statement to:)
Donita Elam)
1297 Myers Drive)
Gardnerville, NV 89410)

AFFIDAVIT – DEATH OF SPOUSE

I, DONITA ANN ELAM, of legal age, being first duly sworn, declare under penalty of perjury that:

MICHAEL EDWARD ELAM, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MICHAEL EDWARD ELAM named as one of the parties (grantees) in that certain deed dated April 6, 2023, and executed by MICHAEL EDWARD ELAM, who took title as a single man, to MICHAEL EDWARD ELAM and DONITA ANN ELAM, husband and wife, as community property with right of survivorship, and recorded on April 6, 2023, as Document No. 2023-995293 of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

Lot 51 as shown on the Official Map of FISH SPRINGS ESTATES, filed in the office of the County Recorder of Douglas County, State of Nevada, on August 30,1973, in Book 873, Page 1006 as Document No. 68451.

- Subject to:
- 1. All general and special taxes for the current fiscal year.
 - 2. Covenants, conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

Together with all improvements, tenements, hereditaments, and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, and issues of profits thereof.

MICHAEL EDWARD ELAM, the deceased party, died on April 7, 2023, as shown in the attached certified copy of Certificate of Death.

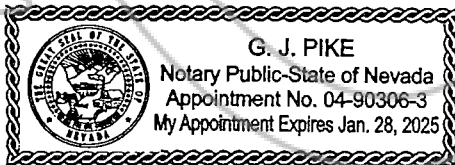
The Affiant is the Wife of the Decedent and the surviving spouse, now holding title as DONITA ANN ELAM, an unmarried woman as her sole and separate property.

Executed on January 17, 2024, in the county of Douglas, state of Nevada.


DONITA ANN ELAM

STATE OF NEVADA)
): ss
COUNTY OF DOUGLAS)

Signed and sworn to (or affirmed) before me on this January 17, 2024, by DONITA ANN ELAM.




NOTARY PUBLIC

This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4343239

CERTIFICATE OF DEATH

2023008044
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Michael Edward ELAM		2. DATE OF DEATH (Mo/Day/Year) April 07, 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 number) Carson Valley Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 60		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) February 19, 1963		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) Donita Ann HUTSON	
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-3463		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of QUALITY CONTROL FOREMAN		14b. KIND OF BUSINESS OR INDUSTRY STEEL FABRICATION	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1297 Myers Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles Delbert ELAM			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Gloria Gladys CLAYTON		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Donita Ann ELAM		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1297 Myers Drive Gardnerville, Nevada 89410			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN THOMAS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
	TRADE CALL - NAME AND ADDRESS					
REGISTERAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) BRYNJA BOWMAN APRN 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) April 13, 2023		21c. HOUR OF DEATH 00:38		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	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Brynja Bowman APRN 1155 Mill St Reno, NV 89502				23b. LICENSE NUMBER APRN812985	
	24a. REGISTRAR (Signature) MARLI MORAIGNE REINHEIMER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 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).)				Interval between onset and death	
	PART I					
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE	(a) Respiratory Arrest				Interval between onset and death	
	(b) DUE TO, OR AS A CONSEQUENCE OF: Acute Hypoxic Respiratory Failure				Interval between onset and death	
	(c) DUE TO, OR AS A CONSEQUENCE OF: Lung Metastases				Interval between onset and death	
	(d) DUE TO, OR AS A CONSEQUENCE OF: Bladder Cancer				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Severe Sepsis With Lactic Acidosis				26. AUTOPSY (Specify Yes or No) No		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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		



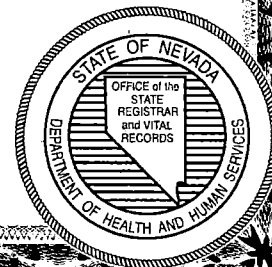
CERTIFIED COPY OF VITAL RECORDS

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

DATE ISSUED:

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