

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: 1420-34-201-040

RECORDING REQUESTED BY:
Dennis E. Green
When recorded mail Documents
and Tax Statements to:
DENNIS E. GREEN
2716 Stewart Ave.
Minden, NV 89423

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

AFFIDAVIT OF DEATH OF JOINT TENANT

DENNIS E. GREEN being first duly sworn, deposes and says:

- 1. SALLY M. KINCAID died on September 27, 2013 and a certified copy of her Death Certificate is attached hereto as Exhibit "A".
- 2. That at the date of her death, said SALLY M. KINCAID was an owner in joint tenancy with the Affiant of certain real property located in Douglas County, State of Nevada, described as:

SEE EXHIBIT "B" ATTACHED HERETO AND MADE A PART HEREOF

- 3. That said joint tenancy was created by a Deed dated February 3, 2009 and recorded on February 3, 2009 as File No. 0737016, in the Douglas County Recorder's Office.
- 4. That an Affidavit-Terminating Joint Tenancy, removing joint tenant BILLY S. KINCAID was recorded on September 26, 2013, as Document No. 0831300, in the Douglas County Recorder's Office.
- 5. That upon the death of SALLY M. KINCAID, the Affiant became the sole owner of the above described property.

Dennis E. Green 1/31/24
Signature, DENNIS E. GREEN

State of Nevada)
Douglas)

Subscribed and Sworn to me on January, 31st, 2024, by DENNIS E. GREEN who personally appeared before me, Jesus E Manriquez Iazaga, a Notary Public, and executed the above document.

Jesus E Manriquez Iazaga
NOTARY PUBLIC

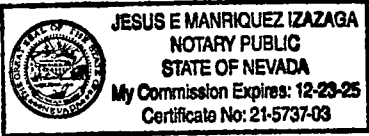
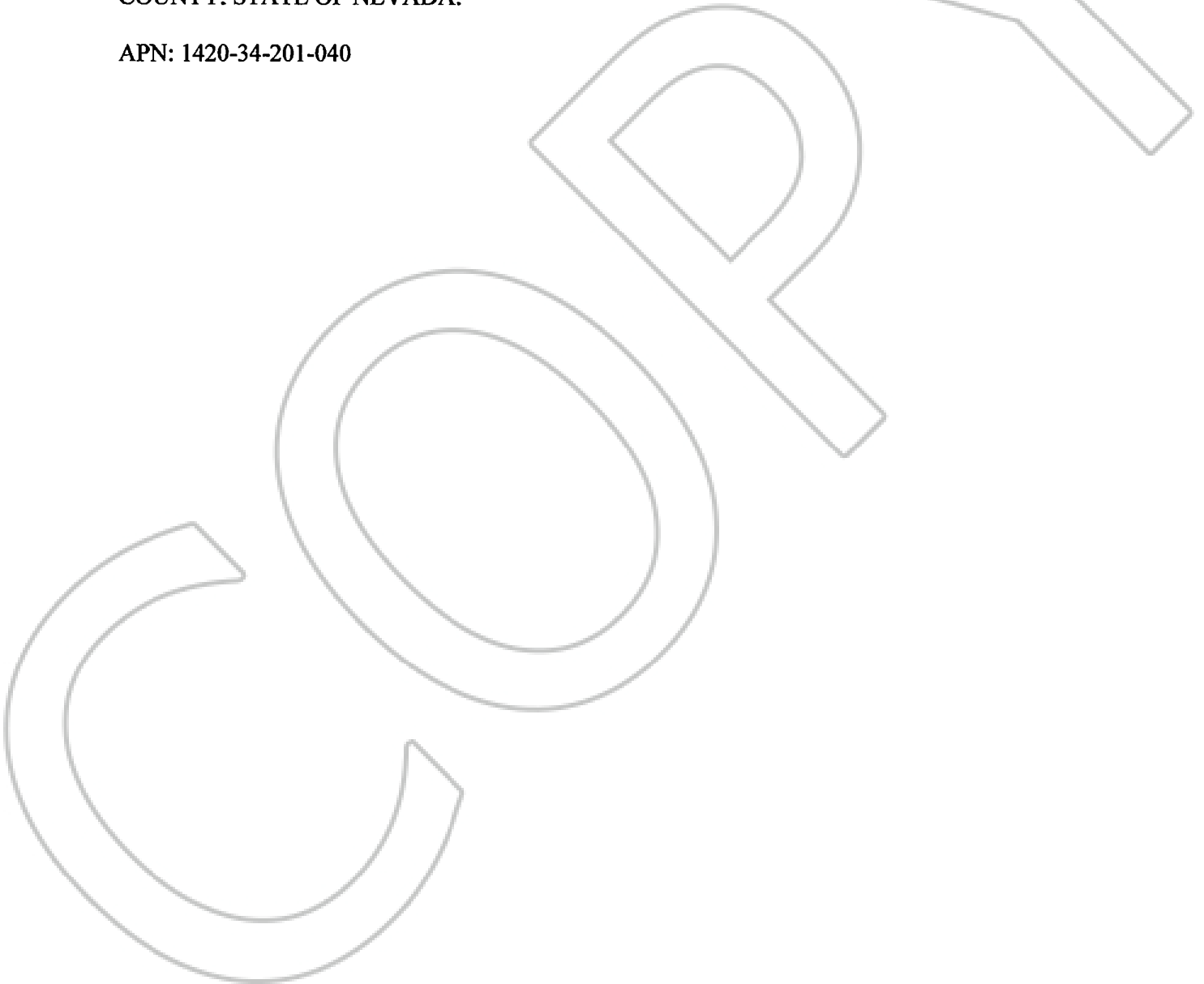


EXHIBIT "B"

Beginning at the $\frac{1}{4}$ corner common to Sections 33 and 34 in Township 14 North, Range 20 East, M.D.B.&M., thence North $89^{\circ} 55' 20''$ East 1,676.70 feet; thence North $0^{\circ} 02' 47''$ East. 347 feet to the TRUE POINT OF BEGINNING, thence North $0^{\circ} 02' 47''$ East 158.50 feet; thence North $89^{\circ} 55' 20''$ East 305 feet; thence South $0^{\circ} 02' 47''$ West 158.50 feet; thence South $89^{\circ} 55' 20''$ West 305 feet to the TRUE POINT OF BEGINNING and being a portion of the West $\frac{1}{2}$ of the Southeast $\frac{1}{4}$ of the Northwest $\frac{1}{4}$ of Section 34, Township 14 North, Range 20 East, M.D.B.&M.

IN COMPLIANCE WITH NEVADA REVISED STATUTE 111.312. THE HEREIN ABOVE LEGAL DESCRIPTION WAS TAKEN FROM INSTRUMENT RECORDED February 3, 2009 AS FILE NO. 0737016, RECORDED IN THE OFFICIAL RECORDS OF DOUGLAS COUNTY. STATE OF NEVADA.

APN: 1420-34-201-040



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS**

CERTIFICATE OF DEATH

2013016358
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) Sally May KINCAID		2. DATE OF DEATH (Mo/Day/Year) September 27, 2013		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 2716 Stewart Ave.		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 72	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) March 16, 1941	
9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)			
13. SOCIAL SECURITY NUMBER 8982		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Owner		14b. KIND OF BUSINESS OR INDUSTRY Underground Leak Detection	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2716 Stewart Ave.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Gale Allen BEATTY			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Cora May JAMES		
18a. INFORMANT- NAME (Type or Print) Dennis GREEN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2716 Stewart Ave Minden, Nevada 89423			
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) JAMES SMOLENSKI		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
21. 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) SIGNATURE AUTHENTICATED RALPH HERBIG DO			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 01, 2013		21c. HOUR OF DEATH 18:51		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Dr. Ralph Herbig DO 1540 Hwy 395 N, Ste E Gardnerville, NV 89410			
23b. LICENSE NUMBER 984		24a. REGISTRAR (Signature) NICOLE SHORE		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 09, 2013	
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) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF (b) Electrolyte Disturbance DUE TO, OR AS A CONSEQUENCE OF (c) Pulmonary Adenocarcinoma DUE TO, OR AS A CONSEQUENCE OF (d)			
Interval between onset and death Minutes		Interval between onset and death Hours			
Interval between onset and death Years		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) 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	

STATE REGISTRAR

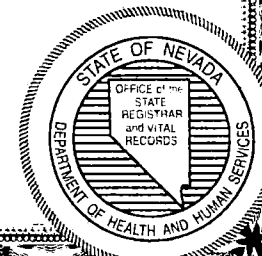
CERTIFIED COPY OF VITAL RECORDS

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: **10/09/2013**

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

Rud Whitt
STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523e