

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: 1420-08-211-033

RECORDING REQUESTED BY:
DEBBIE DOLAN

When recorded mail Documents
and Tax Statements to:
DEBBIE DOLAN
1004 Ridgeview Drive
Carson City, Nevada 89705

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

AFFIDAVIT OF DEATH OF JOINT TENANT

DEBBIE DOLAN being first duly sworn, deposes and says:

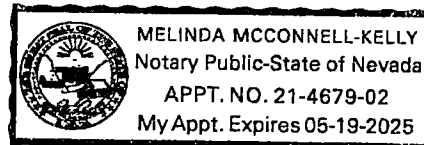
1. KEVIN DOLAN died on September 30, 2021 and a certified copy of his Death Certificate is attached hereto as Exhibit A.
2. That at the date of his death, said KEVIN DOLAN was an owner in joint tenancy with the Affiant of certain real property located in Douglas County, State of Nevada, described as:
SEE EXHIBIT "B" ATTACHED
3. That said joint tenancy was created by a Deed dated February 6, 1997 and recorded on February 6, 1997 as File No. 0406187, in the Douglas County Recorder's Office.
4. That upon the death of KEVIN DOLAN, the Affiant became the sole owner of the above described property as her sole and separate property.


DEBBIE DOLAN (aka DEBORAH DOLAN)

State of Nevada)
CARSON CITY)

Subscribed and Sworn to me on February 8, 2024, by DEBORAH DOLAN who personally appeared before me, Melinda McConnell-Kelly, a Notary Public, and executed the above document.


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. 4239842

CERTIFICATE OF DEATH

2021024485
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

POSITION

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) Kevin Richard DOLAN		2 DATE OF DEATH (Mo/Day/Year) September 30, 2021		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 and number) Carson Tahoe Regional Medical Center		3e If Hosp. or Inst indicate DOA,OP/Emer Rm Inpatient(Specify) Emergency Room / Outpatient	
5 RACE (Specify) Washoe Tribe		6. Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 65	
9a STATE OF BIRTH (If not US/CA, name country) Nevada		9b CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 11	
13. SOCIAL SECURITY NUMBER -8936		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 Carson City	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Joseph Richard DOLAN		17 MOTHER/PARENT - NAME (First Middle Last Suffix) Lois RUPERT			
18a. INFORMANT- NAME (Type or Print) Deborah DOLAN		18b. MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) 1004 Ridgeview Drive Carson City, Nevada 89705			
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 SIGNATURE AUTHENTICATED		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) RALPH D HERBIG DO SIGNATURE AUTHENTICATED					
21b DATE SIGNED (Mo/Day/Yr) October 05, 2021		21c HOUR OF DEATH 06:48		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)	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b DATE SIGNED (Mo/Day/Yr)		22c HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Ralph D Herbig DO 897 Ironwood Dr Minden, NV 89423		23b. LICENSE NUMBER DO984		23c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 06, 2021		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) Hypoxic Encephalopathy				Interval between onset and death Minutes	
DUE TO, OR AS A CONSEQUENCE OF (b) Cardiac Arrest				Interval between onset and death Minutes	
DUE TO, OR AS A CONSEQUENCE OF (c) Myocardial Infarction				Interval between onset and death Minutes	
DUE TO, OR AS A CONSEQUENCE OF (d) Coronary Artery Disease				Interval between onset and death Years	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1 Concurrent Treatment For Bladder Carcinoma				26 AUTOPSY (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	
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	

Information Corrected, State Affidavit# 74090, 11/24/2021 - 2



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:

11/24/2021

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

Janey Stewart
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT "B"

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Lot 22, in Block E, as set forth on the final map of SUNRIDGE HEIGHTS, PHASES 4 & 5A, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on July 1, 1994, in Book 794, Page 1, as Document No. 340968.

APN: 1420-08-211-033

