

A.P.N.: 1420-07-115-010

When Recorded Mail To:
JENNIFER M. MAHE, ESQ.
Mahe Law, Ltd.
707 North Minnesota Street, Suite D
Carson City, NV 89703



SHAWNYNE GARREN, RECORDER


Mail Tax Statements To:
BARBARA ANNETTE ALVES
896 Vista Park Drive
Carson City, NV 89705

AFFIDAVIT OF DEATH OF JOINT TENANT

- I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain personal information of any person or persons (NRS 239B.030).
- I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain personal information of a person or persons as required by law. State specific law: NRS 440.380

MAHE LAW, LTD.
707 North Minnesota Street, Suite D
Carson City, NV 89703

By:


JENNIFER M. MAHE, ESQ.
Nevada State Bar No. 9620

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AFFIDAVIT OF DEATH OF JOINT TENANT

BARBARA A. ALVES, the spouse of the deceased joint tenant, ANTHONY E. ALVES, does hereby swear under penalty of perjury that the assertions of this affidavit are true and correct and declares the following:

1. ANTHONY E. ALVES died in Carson City, Nevada, on October 24, 2023. A certified copy of the Certificate of Death of ANTHONY E. ALVES is attached to this Affidavit and incorporated herein by this reference.

2. ANTHONY E. ALVES and BARBARA A. ALVES acquired title to real property as joint tenants in that certain Grant, Bargain, Sale Deed recorded with the Douglas County Recorder's Office as Document No. 819087, on February 27, 2013. The legal description of the real property is as follows:

Lot J24 in Block J, as shown on the Final Map #1007-4 of Valley Vista Estates, Phase 3 recorded in the office of the Douglas County Recorder, State of Nevada on July 28, 1998 in Book 798 at Page 5872 as Document No. 445464, Official Records.

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3. At the time of death of ANTHONY E. ALVES, title to the real property described herein continued to be held by ANTHONY E. ALVES and BARBARA A. ALVES, husband and wife as joint tenants. As a result of the death of ANTHONY E. ALVES and the joint tenancy form of title, the real property described herein is now owned by BARBARA A. ALVES, a single woman.

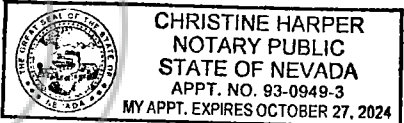
Dated this 28 day of March, 2024.

Barbara Annette Alves
BARBARA A. ALVES

STATE OF NEVADA)
 : ss.
CARSON CITY

On March 28, 2024, personally appeared before me, a notary public, BARBARA A. ALVES, personally known (or proved) to me to be the persons whose name is subscribed to the foregoing instrument, who acknowledged to me that she executed the foregoing Affidavit of Death of Joint Tenant.

Christine Harper
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. 4377392

CERTIFICATE OF DEATH

2023023409
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) Anthony Eugene ALVES		2. DATE OF DEATH (Mo/Day/Year) October 24, 2023		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) 896 Vista Park Dr		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		7a. AGE-Last birthday (Years) 83		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		8. DATE OF BIRTH (Mo/Day/Yr) April 11, 1940	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY UNITED STATES		10. EDUCATION 13	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Barbara Annette SECHRIST			
13. SOCIAL SECURITY NUMBER -1103		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Glazier		14b. KIND OF BUSINESS OR INDUSTRY Glass	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 896 Vista Park Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Antone ALVES			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Anna SMITH		
18a. INFORMANT- NAME (Type or Print) Barbara Annette ALVES		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 896 Vista Park Dr Carson City, Nevada 89705			
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	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BETHANY J RASMUSSEN		20b. FUNERAL DIRECTOR LICENSE NUMBER FD969		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
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) REED DOPF 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) October 27, 2023		21c. HOUR OF DEATH 00:22		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) Reed Dopf MD 907 Mountain Street Carson City, NV 89703			
23b. LICENSE NUMBER 13920		24a. REGISTRAR (Signature) JACKIE LYNN LARUE			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 30, 2023		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				Interval between onset and death	
(a) Respiratory Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Acute Respiratory Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Dementia				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Alzheimer'S Disease				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. Rheumatoid Arthritis, Coronary Heart Disease				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

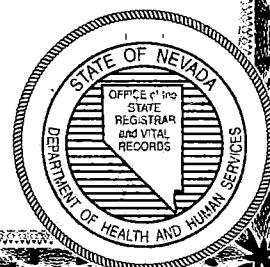
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

Cody L. Phinney

DATE ISSUED: **10/30/2023**

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