

MCLAUGHLIN is the fee simple owner of the above-described property and requests that this fact be reflected on the land and tax record of **Douglas County, Nevada**. The tax-mailing address will be: **862 Spring Valley Drive Gardnerville, NV 89410.**

AFFIANT/SPOUSE

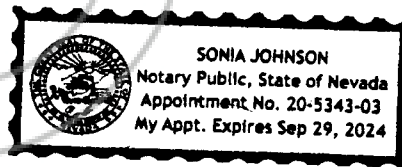
Shawn D McLaughlin
Shawn D. McLaughlin

I hereby certify that Shawn D. McLaughlin did this day appear before me and acknowledge that they did sign the foregoing instrument on their own free will and accord, for the purposes named and expressed in this instrument.

I have set my hand and official seal unto this instrument this 18th day of April, 2024.

Sonia Johnson
Notary Public

This instrument prepared by:
Ideal Title LLC.
7717 Victory Lane Sulte B
North Ridgeville, OH 44039



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4086398

CERTIFICATE OF DEATH

2019011382
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) Rebecca Anne MCLAUGHLIN
2. DATE OF DEATH (Mo/Day/Year) June 06, 2019
3a. COUNTY OF DEATH Douglas
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville
3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street ar number) 862 Spring Valley Rd
3e. If Hosp. or Inst. indicate DOA, OPI, Emer. Rm. Inpatient(Specify) Home
4. SEX Female
5. RACE (Specify) White
6. Hispanic Origin? Specify No - Non-Hispanic
7a. AGE-Last birthday (Years) 71
7b. UNDER 1 YEAR MOS DAYS
7c. UNDER 1 DAY HOURS MINS
8. DATE OF BIRTH (Mo/Day/Yr) August 21, 1947
9a. STATE OF BIRTH (if not US/CA, name country) Wisconsin
9b. CITIZEN OF WHAT COUNTRY United States
10. EDUCATION 12
11. MARITAL STATUS (Specify) Married
12. SURVIVING SPOUSE'S NAME (Last name prior to frat marriage) Shawn MCLAUGHLIN
13. SOCIAL SECURITY NUMBER 3223
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of DATA ANALYST
14b. KIND OF BUSINESS OR INDUSTRY AIR CRAFT
Ever in US Armed Forces? No
15a. RESIDENCE - STATE Nevada
15b. COUNTY Douglas
15c. CITY, TOWN OR LOCATION Gardnerville
15d. STREET AND NUMBER 862 Spring Valley Rd
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) Frank SHIVERS
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Vida SIEKENS
18a. INFORMANT- NAME (Type or Print) Shawn MCLAUGHLIN
18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 862 Spring Valley Rd Gardnerville, Nevada 89410
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) TAMAR R BEAULAC SIGNATURE AUTHENTICATED
20b. FUNERAL DIRECTOR LICENSE NUMBER FD870
20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502
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 SIGNATURE AUTHENTICATED
21b. DATE SIGNED (Mo/Day/Yr) June 11, 2019
21c. HOUR OF DEATH 11:10
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER
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) Reed Dopf MD 907 Mountain Street Carson City, NV 89703
23b. LICENSE NUMBER 13920
24a. REGISTRAR (Signature) ANGELICA RAMIREZ SIGNATURE AUTHENTICATED
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 11, 2019
24c. DEATH DUE TO COMMUNICABLE DISEASE YES NO
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I (a) Respiratory Arrest
DUE TO, OR AS A CONSEQUENCE OF:
(b) Malignant, Metastatic Lung Carcinoma
DUE TO, OR AS A CONSEQUENCE OF:
(c)
DUE TO, OR AS A CONSEQUENCE OF:
(d)
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Chronic Obstructive Lung 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

AKA: Rebecca Ann MCLAUGHLIN



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: 6/11/2019

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

Interim Administrator
STATE REGISTRAR

