

DOUGLAS COUNTY, NV

2024-1008536

Rec:\$40.00

\$40.00

Pgs=3

05/28/2024 11:30 AM

FIRST CENTENNIAL - RENO (MAIN OFFICE)

SHAWNYNE GARREN, RECORDER

APN No.: 1220-17-515-009

Escrow No.: 24039884-DR

Recording Requested By:
First Centennial Title Company of Nevada
896 W Nye Ln, Ste 104
Carson City, NV 89703

When Recorded Return to:
First Centennial Title Company of Nevada
896 W Nye Ln, Ste 104
Carson City, NV 89703

Mail Tax Statements to:
**Barry K. Conlin and Madeline L. Conlin, Trustees
of The 2020 Conlin Family Trust
1302 Cedar Creek Circle
Gardnerville, NV 89460**

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT-DEATH OF JOINT TENANT

(Title of Document)

Please complete Affirmation Statement below:

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 440.380 (state specific law).

Dem Road
SIGNATURE

Notary
TITLE

Dem Road
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

SPACE BELOW FOR RECORDER

APN: 1220-17-515-009
Escrow No. 24039884-DR

When Recorded Return to:
Sandra L. Fitzpatrick
1005 Home Stretch Lane
Minden, NV 89423

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF JOINT TENANT

Sandra L. Fitzpatrick, of legal age, being duly sworn, deposes and says

That Brian George Fitzpatrick, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Brian G. Fitzpatrick named as one of the parties in that certain Grant, Bargain and Sale Deed dated 9-21-2016 executed by Marcie Ansel, a married woman as her sole and separate property to Brian G. Fitzpatrick and Sandra L. Fitzpatrick, husband and wife as joint tenants with right of survivorship recorded as Instrument No. 2016-890105 , on 11-04-2016 of Official Records of Douglas County, Nevada, covering the following described property.

Parcel 1:

Lot 179, in Block A of The Final Map of Pleasantview Subdivision, Phase 9, Final Map #LDA 00-027, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on September 17th, 2001, as Document No. 522892, and by Certificate of Amendment recorded February 12, 2002, as Document No. 0534615.

Parcel 2:

Together with a nonexclusive easement for ingress and egress and public utilities as set forth in Easement Deed recorded October 13, 2006 as Document No. 686321, Official Records.

Assessors Parcel No.: 1220-17-515-009

Sandra L. Fitzpatrick
Sandra L. Fitzpatrick

Dated: 5-22-24

STATE OF NEVADA

COUNTY OF Douglas

This instrument was acknowledged before me on this 22 day of May, 2024 by Sandra L. Fitzpatrick

Dena Reed
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. 4191493

CERTIFICATE OF DEATH

2021001260
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) Brian George FITZPATRICK		2. DATE OF DEATH (Mo/Day/Year) January 17, 2021		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 955 Old Nevada Way		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) 51	
9a. STATE OF BIRTH (If not US/CA, name country) Pennsylvania		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Sandra WHITE		8. DATE OF BIRTH (Mo/Day/Yr) November 07, 1969	
13. SOCIAL SECURITY NUMBER [REDACTED]-8048		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Intelligence Officer		14b. KIND OF BUSINESS OR INDUSTRY GOVERNMENT	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 955 Old Nevada Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) William FITZPATRICK			17. MOTHER/PARENT -NAME (First Middle Last Suffix) Grace KEARNEY		
18a. INFORMANT- NAME (Type or Print) Sandra FITZPATRICK		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 955 Old Nevada Way Gardnerville, Nevada 89460			
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) 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					
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]		21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) STEVEN WILLIAM WARFIELD SIGNATURE AUTHENTICATED		22b. DATE SIGNED (Mo/Day/Yr) January 20, 2021	
		22c. HOUR OF DEATH 22:41		22d. PRONOUNCED DEAD (Mo/Day/Yr) January 17, 2021	
		22e. PRONOUNCED DEAD AT (Hour) 22:41			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Steven William Warfield P.O. Box 218 Minden, NV 89423				23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 20, 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) Glioblastoma Multiforme				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Due To Metastasized Brain Cells In The Frontal Lobe				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				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) 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	



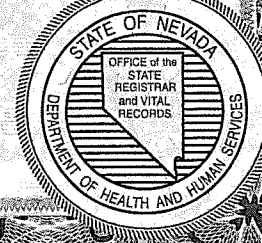
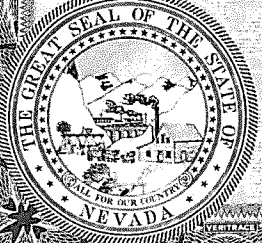
CERTIFIED COPY OF VITAL RECORDS

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

DATE ISSUED:
1/28/2021

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

Jan [Signature]
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE