

APN# 1420-35-101-022

**Recording Requested by/Mail to:**

Name: Mark Ronald Custis

Address: 2797 Nye Drive

City/State/Zip: Minden, NV 89423

**Mail Tax Statements to:**

Name: Mark Ronald Custis

Address: 2797 Nye Drive

City/State/Zip: Minden, NV 89423

Affidavit- Death of Spouse

**Title of Document** (required)

**Please complete the Affirmation Statement below:**

The undersigned hereby affirms that the document submitted for recording DOES contain personal information as required by law: (check applicable)

**Affidavit of Death** – NRS 440.380 (1)(A) & NRS 40.525 (5)

**Military Discharge** – NRS 419.020 (2)

**Other NRS** \_\_\_\_\_ (state specific law)

**-OR-**

I the undersigned hereby affirm the attached document, including any exhibits, hereby submitted for recording does NOT contain the personal information of any person(s). (Per NRS 239B.030)

*William D Bernard*

Signature

William D Bernard

Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A.P.N. No.:	1420-35-101-022
File No.:	
<b>Recording Requested By:</b>	
Stewart Title Company	
Mail Tax Statements To:	<i>Same as below</i>
<b>When Recorded Mail To:</b>	
Mark Ronald Custis	
2797 Nye Drive	
Minden, NV 89423	

## AFFIDAVIT - DEATH OF SPOUSE HOLDING COMMUNITY PROPERTY WITH RIGHT OF SURVIVORSHIP

Under NRS 111.365

State of Nevada                     )  
    ) ss  
 County of Douglas                 )

Mark Ronald Custis, of legal age, being first duly sworn, deposes and says: That Penelope Ann Custis, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Penelope Ann Custis named as one of the parties in that certain Quitclaim Deed dated August 28, 1997 executed by Mark Ronald Custis and Penelope Ann Custis, husband and wife, as joint tenants with right of survivorship to Mark Ronald Custis and Penelope Ann Custis, husband and wife, as community property with right of survivorship, recorded as Document No. 420816, on September 3, 1997 in Book 0997, Page 0363 of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada.

See Exhibit "A" attached hereto and made a part hereof.


Dated: 6-12, 2024.

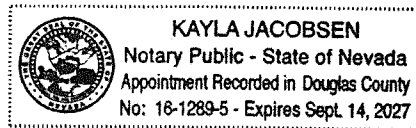
  
 Mark Ronald Custis

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State of Nevada                     )  
    ) ss  
 County of Carson city             )

This instrument was acknowledged before me on the 12 day of June, 2024  
 By: Mark Ronald Custis

Signature:   
 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. 4410462

**CERTIFICATE OF DEATH**

2024009384  
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

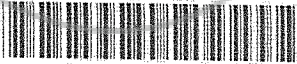
REGISTRAR

CAUSE OF  
DEATH

CONDITIONS IF  
ANY WHICH  
GAVE RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Penelope Ann CUSTIS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 27, 2024</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>2797 Nye Drive</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>73</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Connecticut</b>		9b. CITIZEN OF WHAT COUNTRY <b>UNITED STATES</b>		10. EDUCATION <b>14</b>	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]-6135</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>2797 Nye Drive</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Mark Ronald CUSTIS</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Robert Jackson SMITH</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Helene MISSIRIAN</b>			
18a. INFORMANT - NAME (Type or Print) <b>Mark Ronald CUSTIS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2797 Nye Drive Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>NORMA M FINKES</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD967</b>		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenry'S Carson Valley Funeral Home 1637 Esmeralda Place /Minden NV 89423</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>B A BOTTENBERG DO</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>April 30, 2024</b>		21c. HOUR OF DEATH <b>09:10</b>		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) <b>B A Bottenberg DO 4095 North Carson Street Carson City, NV 89706</b>		23b. LICENSE NUMBER <b>DO674</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 30, 2024</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) <b>Cardiopulmonary Arrest</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Chronic Congestive Heart Failure</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Drug Induced Cardiomyopathy</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) <b>Treatment Of Non-Hodgkin'S Lymphoma</b>					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					
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	
				26. AUTOPSY (Specify Yes or No) <b>No</b>	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	

001054288



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.

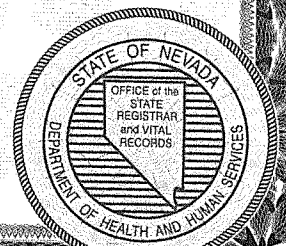
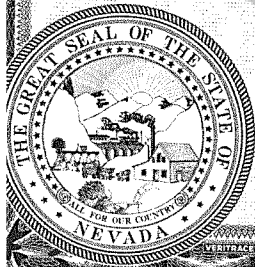
*Wesley T Storey*

DATE ISSUED:

5/1/2024

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

**EXHIBIT "A"**  
**LEGAL DESCRIPTION**

A parcel of land situated in and being a portion of the Northeast  $\frac{1}{4}$  of the Northwest  $\frac{1}{4}$  of Section 35, Township 14 North, Range 20 East, M.D.B. & M., Douglas County, Nevada, more particularly described as follows:

Parcel 2 of Parcel Map No. 1 for HELEN GOODNIGHT according to the map thereof filed in the office of the County Recorder of Douglas County, Nevada on November 12, 1988 in Book 1180 of Official Records at Page 550, Douglas County, Nevada as Document No. 50548.

Assessor's Parcel No. 1420-35-101-022

