\$40.00 Pgs=4 STEWART TITLE COMPANY - NV APN# 1420-35-101-022 SHAWNYNE GARREN, RECORDER 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) Signature **Printed Name** This document is being (re-)recorded to correct document #\_\_\_\_\_, and is correcting

DOUGLAS COUNTY, NV

Rec:\$40.00

2024-1009039

06/13/2024 09:53 AM

A.P.N. No.: 1420-35-101-022	
File No.:	$\wedge$
Recording Requested By:	
Stewart Title Company	\ \
Mail Tax Statements To: Same as below	\ \
When Recorded Mail To:	\ \
Mark Ronald Custis	_ \ \
2797 Nye Drive	
Minden, NV 89423	
AFFIDAVIT - DEATH OF SPOUSE H WITH RIGHT OF	OLDING COMMUNITY PROPERTY SURVIVORSHIP
Under NRS	3 111.365
State of Nevada ) ) ss	
County of Douglas	
Mark Ronald Custis, of legal age, being first duly swor the decedent mentioned in the attached certified copy Penelope Ann Custis named as one of the parties in the executed by Mark Ronald Custis and Penelope Ann Cof survivorship to Mark Ronald Custis and Penelope Aproperty with right of survivorship, recorded as Docum 0997, Page 0363 of Official Records of Douglas Count property situated in Douglas County, State of Nevada.	of Certificate of Death, is the same person as nat certain Quitclaim Deed dated August 28, 1997 ustis, husband and wife, as joint tenants with right nn Custis, husband and wife, as community
See Exhibit "A" attached hereto and made a part hered	of.
Maul Ronald Cuite	
Mark Ronald Custis	
State of Nevada )	
County of Carson city ) ss	
This instrument was acknowledged before me on the _By: Mark Ronald Custis	12 day of <u>June</u> , 2024
Signature: Notary Public	KAYLA JACOBSEN  Notary Public - State of Nevada
Hotely Mabile	Appointment Recorded in Douglas County No: 16-1289-5 - Expires Sept. 14, 2027

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

CASE	FILEN	0 4	410462

## CERTIFICATE OF DEATH

Sb. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION Name(if not either, give sined at 3sal Hosp. or that, indicate DOA, OPIEmer, Rm. 4. SEX Minden  2797 Nye Drive  S. RACE (Specify)  White  So. STATE (Figure 1)  So. STATE (Figure 1)  So. STATE (Figure 1)  White  So. STATE (Figure 1)  So. CITY, TOWN, OR LOCATION OF DEATH ALL USUAL OCCUPATION (See Kind of Werk Dore During Most of 146. KIND OF BUSINESS OR INDUSTRY DURING See STATE 1 (So. COUNTY)  ISS. SCIAL, SECURITY NUMBER  14. SUAL OCCUPATION (See Kind of Werk Dore During Most of 146. KIND OF BUSINESS OR INDUSTRY DURING See STATE 1 (So. COUNTY)  ISS. CITY, TOWN OR LOCATION 1 (See Kind of Werk Dore During Most of 146. KIND OF BUSINESS OR INDUSTRY DURING See See See See See See See See See Se		la. DECEASED-NAME (FIRST, MI			<u> </u>	DATE OF DEATH (A		NUMBER
Secretary Town, OR LOCATION OF DEATH SE, HOSPITAL OR OTHER INSTITUTION Named find other, give streat and any suffrage are that, indicate DOA, OPPErmet, RM.  Institute of the property of the	T L					A	1004	1
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Second Second   Second Secon	-	Minden	number)	2797 Nye D	irive	Inpatient(Spe	cify) Home	
See STATE OF BIRTH (fine turner of Secretary Connection)  Gonnecticuty (Connecticut)  13. SOCIAL SECURITY NUMBER  6-135  156. RESIDENCE: STATE  159. COUNTY  156. CITY: TOWN OR LOCATION  156. STREET AND NUMBER  156. CITY: TOWN OR LOCATION  156. CITY: TOWN OR LOCATION  156. CITY: TOWN OR LOCATION  156. STREET AND NUMBER  156. CITY: TOWN OR LOCATION  156. STREET AND NUMBER  156. CITY: TOWN OR LOCATION  156. STREET AND NUMBER  156. CITY: TOWN OR LOCATION  156. STREET AND NUMBER  156. CITY: TOWN OR LOCATION  156. STREET AND NUMBER  156. CITY: TOWN OR LOCATION  156. STREET AND NUMBER  156. RESIDENCE: STATE  156. CITY: TOWN OR LOCATION  156. STREET AND NUMBER  156. CITY: TOWN OR LOCATION  156. STREET AND NUMBER  156. CITY: TOWN OR LOCATION  156. STREET AND NUMBER  156. CITY: TOWN OR LOCATION  156. STREET AND NUMBER  156. CITY: TOWN OR LOCATION  156. STREET AND NUMBER  156. CITY: TOWN OR LOCATION  156. STREET AND NUMBER  156. CITY: TOWN OR LOCATION  156. STREET AND NUMBER  157. MOTHER PRARENT - NAME (First Middle Last Suffix)  156. MAILING ADDRESSS  157. No. City or Town, State, Zip)  279. Pub Drive Middle Last Suffix)  156. CREMATION, REMOVAL, OTHER (Specify) 156. CEMETERY OR CREMATION: - NAME  156. MAILING ADDRESSS  157. STREET AND NUMBER  157. MOTHER PRARENT - NAME (First Middle Last Suffix)  156. CEMETER OR ADDRESSS  157. No. City or Town, State, Zip)  156. LOCATION City or Town State  157. No. City or Town, State, Zip)  156. LOCATION City or Town  157. MOTHER THAN CERTIFIER  157. LOCATION CITY or Town  157. LOCATI	L	Whit	te		14.00101	b. UNDER 1 YEAR 70 MOS DAYS F	c. UNDER 1 DAY 8. D	ATE OF BIRTH (Mo/Day/Yr
145. KIND OF BUSINESS OR NOUSTRY   Ever in US Arm Forces? No   145. KIND OF BUSINESS OR NOUSTRY   Ever in US Arm Forces? No   156. COUNTY		name country) Connecticu	t UNITED	STATES 1/ 14	ON 11. MARITAL STATUS Married	(Specify) 12. SURVIV	VING SPOUSE'S NAME (Las Mark Ronal	t name prior to first marriage)
156. COLITY	L	-6135	Later State	Technical Support Eng	ineer	1984 T. T. T. STORY 1984 T.	NESS OR INDUSTRY	Ever in US Arme
16. FATHER/PARENT - NAME (First Middle Last Suffix) RObert Jackson SMITH   17. MOTHER/PARENT - NAME (First Middle Last Suffix) RObert Jackson SMITH   17. MOTHER/PARENT - NAME (First Middle Last Suffix)   17. MOTHER/PARENT - NAME (First Middle Last Suffix)   18. INFORMANT - NAME (First Middle L	<u>,</u> "			The second of th	Substitution of the second	ET AND NUMBER		15e. INSIDE CITY LIMITS (Specify Yes
18a. MFCRMANT-NAME (Type or Print)   18b. MAILING ADDRESS   (Street or R.F.D. No. City or Town, State, Zip)   279 Type Drive Minden, Nevada 89423   18c. LOCATION City or Town State   Cornation   18b. MAILING ADDRESS   18c. LOCATION City or Town State   Carson City Nevada 89701   20a. FUNERAL DIRECTOR - SignATURE (Or Person Ading as Such)   20b. FUNERAL DIRECTOR - SignATURE (Or Person Ading as Such)   20b. FUNERAL DIRECTOR   20c. NAME AND ADDRESS OF FACILITY   Carson City Nevada 89701   20b. FUNERAL DIRECTOR   20c. NAME AND ADDRESS OF FACILITY   18b. Carson Valley Funeral Home   1637 Esmiratida Place Minden Nv 89423   18c. Location   18d. Mailing Address   18d. Name of the cause(a) stated, (Signature & Title)   18d. Name of the cause(a) stated, (Signature & Title)   18d. Name of the cause(a) stated, (Signature & Title)   18d. Name of the cause(a) stated, (Signature & Title)   18d. Name of a Title)   18d.	3 1	6. FATHER/PARENT - NAME (Fil	rst Middle Last Suffo			RENT - NAME (First		or No) Yes
196. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 196. CEMETERY OR CREMATORY - NAME Cremation City or Town State Cremation Pitzhenry's Crematory Carson City Nevada 89701  20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Ading as Such) NORMA M FINKES SIGNATURE AUTHENTICATED SIGNATURE AUTHENTICATED PS67  LTRADE CALL - NAME AND ADDRESS SIGNATURE AUTHENTICATED SIGNATURE SIGNATURE AUTHENTICATED SIGNATURE SI	10	8a. INFORMANT- NAME (Type or	Print)		RESS (Street or R.F.I	D. No, City or Town, S	itate, Zip)	
20a. FUNERAL DIRECTOR - SIGNATURE (OF PERSON Acting as Such) NORMA M FINKES SIGNATURE AUTHENTICATED  LICENSE NUMBER FD967  TRADE CALL - NAME AND ADDRESS SIGNATURE AUTHENTICATED  LICENSE NUMBER FD967  TRADE CALL - NAME AND ADDRESS  2 1a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated, (Signature & Title) SIGNATURE AUTHENTICATED  B A BOTTENBERG DO  21b. DATE SIGNED (Mo/Day/Yr)  21c. HOUR OF DEATH April 30, 2024  22d. On the basis of exemination 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 22c. HOUR OF Print)  22c. HOUR OF DEATH 22c. HOUR OF DEATH 22c. PRONOUNCED DEAD (Mo/Day/Yr) 22c. PRONOUNCED DEAD (Mo/Day/Yr) 22c. PRONOUNCED DEAD AT (Hour 22c. HOUR OF Print) 22c. HOUR OF DEATH 22c. MORD Print) 22c. HOUR OF DEATH 22c. PRONOUNCED DEAD (Mo/Day/Yr) 22c. PRONOUNCED DEAD AT (Hour 22c. DATE RECEIVED BY REGISTRAR 24c. REGISTRAR (Signature)  WESLEY T STOREY SIGNATURE AUTHENTICATED (Mo/Day/Yr) 22c. DATE RECEIVED BY REGISTRAR 24c. DEATH DUE TO COMMUNICABLE DISEA (Mo/Day/Yr) 22c. MADE AND A CONSEQUENCE OF: 0 Chronic Congestive Heart Failure 0 DUE TO, OR AS A CONSEQUENCE OF: 0 Chronic Congestive Heart Failure 0 DUE TO, OR AS A CONSEQUENCE OF: 0 Chronic Congestive Heart Failure 0 DUE TO, OR AS A CONSEQUENCE OF: 0 Chronic Congestive Heart Failure 0 DUE TO, OR AS A CONSEQUENCE OF: 0 Chronic Congestive Heart Failure 0 DUE TO, OR AS A CONSEQUENCE OF: 0 Chronic Congestive Heart Failure 0 DUE TO, OR AS A CONSEQUENCE OF: 0 Chronic Congestive Heart Failure 0 DUE TO, OR AS A CONSEQUENCE OF: 0 Chronic Congestive Heart Failure 0 DUE TO, OR AS A CONSEQUENCE OF: 0 Chronic Congestive Heart Failure 0 DUE TO, OR AS A CONSEQUENCE OF: 0 Drug Induced Cardionon Andress	y 19	9a. BURIAL, CREMATION, REMO	OVAL, OTHER (Specify)		ORY - NAME	e Drive Minden.	19c. LOCATION City	
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B A BOTTENDING PHYSICIAN IF OTHER THAN CERTIFIER  210. DATE SIGNED (Mo/Day/Yr)  210. DATE SIGNED (Mo/Day/Yr)  210. HOUR OF DEATH  210. HOUR OF DEATH  210. HOUR OF DEATH  210. HOUR OF DEATH  211. HOUR OF DEATH  212. HOUR OF DEATH  212. HOUR OF DEATH  213. DATE SIGNED (Mo/Day/Yr)  224. PRONOUNCED DEAD (Mo/Day/Yr)  225. DATE SIGNED (Mo/Day/Yr)  226. PRONOUNCED DEAD AT (Hour OF DEATH  226. PRONOUNCED DEAD AT (Hour OF DEATH  227. DATE SIGNED (Mo/Day/Yr)  228. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  238. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  248. REGISTRAR (Signature)  WESLEY T STOREY  310NATURE AUTHENTICATED  WESLEY T STOREY  310NATURE AUTHENTICATED  (Mo/Day/Yr)  April 30, 2024  YES NO (Mo/Day/Yr)  April 30, 2024  YES NO (Mo/Day/Yr)  Interval between onset and dead of the cause(s) stated. (Signature A Title)  Interval between onset and dead of the cause(s) stated. (Signature A Title)  242. PRONOUNCED DEAD (Mo/Day/Yr)  243. LICENSE NUMBER  DOG74  244. REGISTRAR (Signature)  WESLEY T STOREY  310NATURE AUTHENTICATED  (Mo/Day/Yr)  April 30, 2024  YES NO (Mo/Day/Yr)  Interval between onset and dead of the cause(s) stated. (Signature A Title)  Interval between onset and dead of the cause(s) stated. (Signature A Title)  Interval between onset and dead of the cause(s) stated. (Signature A Title)  Interval between onset and dead of the cause (s) stated. (Signature A Title)  Interval between onset and dead of the cause (s) stated. (Signature A Title)  Interval between onset and dead of the cause (s) stated. (Signature A Title)  Interval between onset and dead of the cause (s) stated. (Signature A Title)  Interval between onset and dead of the cause (s) stated. (Signature A Title)  Interval between onset and dead of the cause (s) stated. (Signature A Title)  Interval between onset and dead of the cause (s) stated. (Signature A Title)  Interval between onset and dead of the cause (s) stat	LL T	RADE CALL - NAME AND ADDRE	ESS AND CARREST			1037 Esmera	alda Place / Minden	NV 89423
April 30, 2024  April 30, 2024  April 30, 2024  226. HOUR OF DEATH  O9:10  O9:1	Total his	B is the cause(s) stated.(Signals	A BOTTENBE	GNATURE AUTHENTICATE RG DO	n 1 - 2	sis of examination and/o e and place and due to t	or investigation, in my opin the cause(s) stated. (Sign	nion death occurred nature & Title)
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25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  PART I  (a) Cardiopulmonary Arrest  DUE TO, OR AS A CONSEQUENCE OF: (b) Chronic Congestive Heart Failure  DUE TO, OR AS A CONSEQUENCE OF: (c) Drug Induced Cardiomyopathy  DUE TO, OR AS A CONSEQUENCE OF: (d) Treatment Of Non-Hodgkin'S Lymphoma  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  28d. DESCRIBE HOW INJURY OCCURRED	₹ 24	4a. REGISTRAR (Signature)	WESLEY:	T STOREY	24b. DATE RECEIVED	BY REGISTRAR	24c. DEATH DUE TO	DO674 COMMUNICABLE DISEAS
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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:

STATE REGISTRAR

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



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

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

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

Page 3 of 3