



APN: 1320-33-817-003

Recording requested by  
and when recorded mail to:

Michael Crosby  
13292 Mount Baldy Street  
Reno, Nevada 89506

**AFFIDAVIT FOR SURVIVING JOINT TENANT**

STATE OF NEVADA            )  
  ) ss.  
COUNTY OF WASHOE        )

I, MICHAEL CROSBY, being first duly sworn, depose and state as follows:

1. My Mother, EDITH CROSBY aka EDITH ANN CROSBY, died on November 30, 2018, in Gardnerville, Douglas County, Nevada. A copy of the State of Nevada, Certificate of Death is attached hereto as **Exhibit 1**.

2. On November 29, 2012, a Grant, Bargain and Sale Deed was recorded as Document No. 813574, by the Douglas County Recorder's Office, conveying title to the property located at 1453 Harvest Avenue, Gardnerville, Nevada 89410, to BRUCE CROSBY and EDITH CROSBY, husband and wife as joint tenants with right of survivorship.

3. The property is located at 1453 Harvest Avenue, Gardnerville, Nevada 89410, and more particularly described as:

Lot 3 in Block A as shown on the Final Subdivision Map #1006-12 of CHICHESTER ESTATES, PHASE 12, filed in the office of the County Recorder for Douglas County, State of Nevada, on January 8, 2004, in Book 104, Page 2012, as Document No. 601490, Official Records.

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4. As the surviving joint tenant, BRUCE CROSBY asserts his right of survivorship to title to the above-described real property.

DATED: June 27, 2024.

  
\_\_\_\_\_  
MICHAEL CROSBY

SUBSCRIBED AND SWORN to on June 27, 2024, before me, a notary public in and for said county and state, personally appeared MICHAEL CROSBY, known to me or proved on the basis of satisfactory evidence to be the persons whose names are subscribed to the foregoing instrument, and acknowledged to me that they executed the same.

  
\_\_\_\_\_  
NOTARY PUBLIC, in and for the County of Washoe, State of Nevada



# EXHIBIT 1

COPY

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4053284

**CERTIFICATE OF DEATH**

2018023095  
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>Edith Ann CROSBY</b>		2 DATE OF DEATH (Mo/Day/Year) <b>November 30, 2018</b>		3a COUNTY OF DEATH <b>Douglas</b>	
3b CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c HOSPITAL OR OTHER INSTITUTION - Name (if not other, give street and number) <b>1453 Harvest Ave</b>		3e If Hosp or Inst indicate DOA, OP/Emer Rm (Inpatient)(Specify) <b>Home</b>	
4 SEX <b>Female</b>		5 RACE (Specify) <b>White</b>		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) <b>74</b>		7b UNDER 1 YEAR MOS   DAYS		7c UNDER 1 DAY HOURS   MINS	
8 DATE OF BIRTH (Mo/Day/Yr) <b>July 24, 1944</b>		9a STATE OF BIRTH (If not US/CA, name country) <b>Rhode Island</b>		9b CITIZEN OF WHAT COUNTRY <b>United States</b>	
10 EDUCATION <b>11</b>		11 MARITAL STATUS (Specify) <b>Married</b>		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Bruce P CROSBY</b>	
13 SOCIAL SECURITY NUMBER <b>[REDACTED]-7920</b>		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Day) <b>Secretary</b>		14b KIND OF BUSINESS OR INDUSTRY <b>Medical</b>	
15a RESIDENCE - STATE <b>Nevada</b>		15b COUNTY <b>Douglas</b>		15c CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d STREET AND NUMBER <b>1453 Harvest Ave</b>		15e INCIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Frederick PETROSINELLI</b>			17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Adeline MUCILLO</b>		
18a INFORMANT - NAME (Type or Print) <b>Bruce P CROSBY</b>		18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) <b>1453 Harvest Ave Gardnerville, Nevada 89410</b>			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLEN BLANSETT</b>		20b FUNERAL DIRECTOR LICENSE NUMBER <b>FD861</b>		20c NAME AND ADDRESS OF FACILITY <b>Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703</b>	
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) <b>NITA SCHWARTZ MD</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)		
21b DATE SIGNED (Mo/Day/Yr) <b>December 05, 2018</b>		21c HOUR OF DEATH <b>07:10</b>		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)	
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e PRONOUNCED DEAD AT (Hour)			
23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703</b>				23b LICENSE NUMBER <b>9114</b>	
24a REGISTRAR (Signature) <b>CATHERINE E SIMPSON</b>		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 05, 2018</b>		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) <b>Non Small Cell Lung Cancer With Metastasis</b>		Interval between onset and death			
(b) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
(c) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
(d) DUE TO, OR AS A CONSEQUENCE OF		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) <b>No</b>	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
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	

STATE REGISTRAR



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: **DEC 10 2018**

*Julie Katchear*  
STATE REGISTRAR

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

