

APN: 1320-03-001-035

**RECORDING REQUESTED BY AND  
WHEN RECORDED MAIL TO:**

Ronald D. Alling, Esq.  
c/o ALLING & JILLSON, LTD.  
276 Kingsbury Grade, Suite 2000  
Post Office Box 3390  
Lake Tahoe, Nevada 89449-3390

MAIL TAX NOTICES TO:  
Michael C. Gilbert  
1398 Madcap Lane  
Minden, Nevada 89423

**AFFIDAVIT OF DEATH OF JOINT TENANT**

MICHAEL C. GILBERT, being first duly sworn, deposed and says:

1. That Affiant Michael C. Gilbert, was a joint tenant with right of survivorship with Charles Quinn Gilbert with respect to certain real property more particularly described below.
2. That Charles Quinn Gilbert, deceased, and Michael C. Gilbert were joint tenants with rights of survivorship by virtue of that certain Grant, Bargain, Sale Deed, dated October 19, 2022, recorded on October 31, 2022, in the Official Records of Douglas County, Nevada, as Document No. 2022-991261, the same conveying that certain real property in the Gardnerville township, County of Douglas, State of Nevada, and more particularly described as follows:

**All that certain real property situate in the County of Douglas, State of Nevada, described as follows:**

**A parcel of land located within a portion of the Northeast One-Quarter (NE 1/4) of the Northeast One-Quarter (NE 1/4) of Section 3, Township 13 North, Range 20 East, Mount Diablo Meridian, Douglas County, Nevada, described as follows:**

**Parcel 4B as shown on Parcel Mal No. 2 (LDA 16-014) for West Ridge Homes, Inc., filed for record in the office of the Douglas County Recorder, State of Nevada, on September 20, 2017 as Document No. 2017-904317, Official Records.**

3. That the said Charles Quinn Gilbert died on or about November 29, 2022, in the Town of Minden, Douglas County, State of Nevada, and is the identical person named as Charles Quinn Gilbert in the certified copy of the Certificate of Death attached as Exhibit A and incorporated

herein by reference.

4. That all of said real property was vested in Michael C. Gilbert upon the death of Charles Quinn Gilbert as of the date of his death.

FURTHER AFFIANT SAITH NAUGHT.

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECODING DOES NOT CONTAIN A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS.

IN WITNESS WHEREOF, I have hereunto set my hand this 22<sup>nd</sup> day of July, 2024.

Dated July 22, 2024.

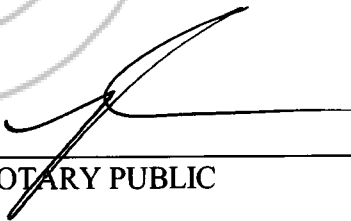
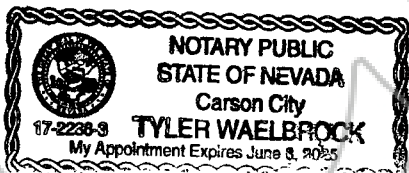


Michael C. Gilbert, Affiant/Surviving Joint Tenant

STATE OF NEVADA )  
 ) ss.  
COUNTY OF DOUGLAS )

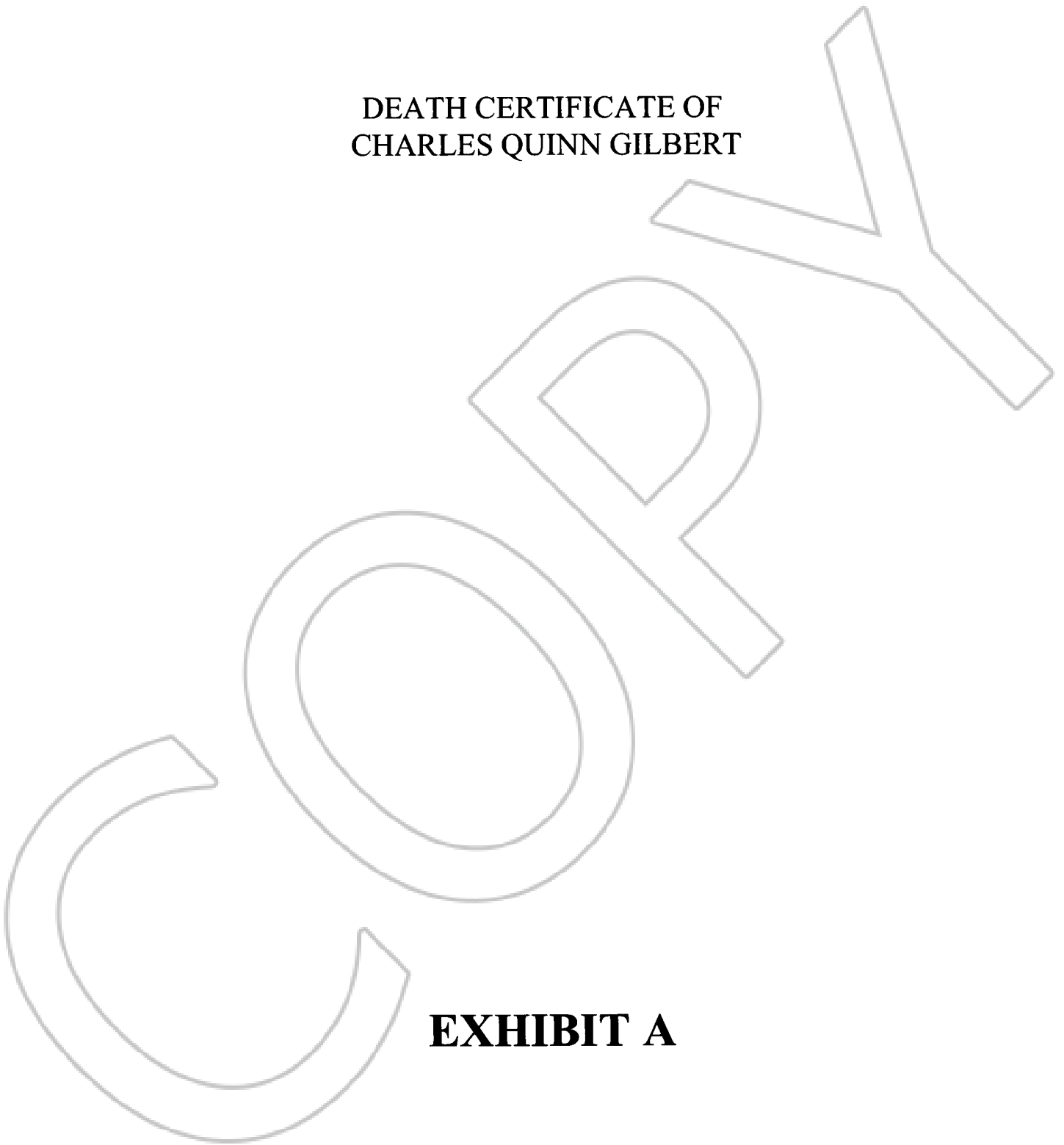
Subscribed and sworn to on this 22<sup>nd</sup> day of July, 2024, before me, Tyler Waelbrock, personally appeared Michael C. Gilbert personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he execute it.

WITNESS my hand and official seal.

  
NOTARY PUBLIC

**EXHIBIT A**

DEATH CERTIFICATE OF  
CHARLES QUINN GILBERT



**EXHIBIT A**

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

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

CASE FILE NO. 4320168

**CERTIFICATE OF DEATH**

**2022028170**  
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>Charles Quinn GILBERT</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 29, 2022</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 ar number) <b>2560 Last Chance Ct</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>24</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>April 20, 1998</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Never Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER <b>2282</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of ) <b>RANCHER</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Ranching</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>2560 Last Chance Ct</b>		15e. INSIDE 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>Michael GILBERT</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Angel KERR</b>		
18a. INFORMANT- NAME (Type or Print) <b>Michael GILBERT</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1398 Mad Cap Lane Gardnerville, Nevada 89410</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden Nevada 89423</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>LYLE P MEYER</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD854</b>		20c. NAME AND ADDRESS OF FACILITY <b>Eastside Memorial Park Funerals &amp; Cremations 1600 Buckeye Rd Minden NV 89423</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>IGNATIUS K KYEREMEH</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) <b>IGNATIUS K KYEREMEH</b>		
21b. DATE SIGNED (Mo/Day/Yr) <b>January 22, 2023</b>		21c. HOUR OF DEATH <b>06:40</b>		22c. HOUR OF DEATH <b>06:40</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>November 29, 2022</b>		22e. PRONOUNCED DEAD AT (Hour) <b>06:40</b>
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Coroner Ignatius K Kyeremeh 1038 Buckeye Rd Minden, NV 89423</b>					23b. LICENSE NUMBER
24a. REGISTRAR (Signature) <b>SCOTT SHELDON SPANGLER</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 23, 2023</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) <b>Complications From Morbid Obesity</b>					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:					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)					Interval between onset and death
PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					26. AUTOPSY (Specify Yes or No) <b>Yes</b>
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</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	



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.

1/27/2023

DATE ISSUED:

STATE REGISTRAR

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

