

APN: 1220-09-810-044

Recording Requested By:
Jeffrey L. Marsh and Dayla C. Marsh
1415 Purple Sage Dr.
Gardnerville, NV 89460



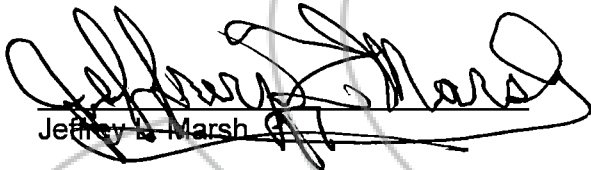
00184907202410109750030031

SHAWNYNE GARREN, RECORDER

Affidavit – Terminating Joint Tenancy

Jeffrey L. Marsh, of legal age, being first duly sworn, deposes and says:


That, Orita Faye Keebaugh, the decedent mentioned in the attached copy of Certificate of Death, is the same person named as one of the parties of that certain Grant, Bargain, and Sale Deed date July 15, 2022 executed by Orita Faye Keebaugh and Jacqueline Claire Allard, as Co-Trustees Of The Orita Faye Keebaugh Living Trust, U/A Dated November 14th, 2018 to Orita Faye Keebaugh, an unmarried woman, and Jeffrey L. Marsh and Dayla C. Marsh, husband and wife, all as joint tenants with right of survivorship, as recorded as Document No. 2022-987657, Official Record of Douglas, Nevada covering the legal description attached as Exhibit "A" and made a part hereof.


Jeffrey L. Marsh

State of NEVADA

County of DOUGLAS

Sworn to or affirmed and subscribed before me by Jeffrey L. Marsh this 14th day of August, 2024.

 M. BOWLEN
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 20-5990-05 - Expires November 13, 2024


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. 4370199

CERTIFICATE OF DEATH

2023020980
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Orita Faye KEEBAUGH		2. DATE OF DEATH (Mo/Day/Year) September 14, 2023		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) Carson Valley Senior Living		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Care Center	
DECEDENT	4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 82		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) July 19, 1941		9a. STATE OF BIRTH (If not US/CA, name country) Texas		9b. CITIZEN OF WHAT COUNTRY UNITED STATES	
	10. EDUCATION 13		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
PARENTS	13. SOCIAL SECURITY NUMBER -1409		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1189 Kimmerling Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Randol Aster HOGUE	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lillian DAVIS		18a. INFORMANT - NAME (Type or Print) Dayla Cathleen MARSH		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1415 Purple Sage Drive Gardnerville, Nevada 89460	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) MERCEDES Q QUARTUCCI		20b. FUNERAL DIRECTOR LICENSE NUMBER FD983		20c. NAME AND ADDRESS OF FACILITY Fitzhenry'S Carson Valley Funeral Home 1637 Esmeralda Place Minden Nv 89423	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) NITA SCHWARTZ MD		21b. DATE SIGNED (Mo/Day/Yr) September 26, 2023		21c. HOUR OF DEATH 07:33	
	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)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz MD 710 W Washington Street Carson City, NV 89703		23b. LICENSE NUMBER 9114		24a. REGISTRAR (Signature) DARAN GRISSOM	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 27, 2023		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	
	25a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) NATURAL		25b. DATE OF INJURY (Mo/Day/Yr)		25c. HOUR OF INJURY	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25d. DESCRIBE HOW INJURY OCCURRED		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
	28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28c. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	



CERTIFIED COPY OF VITAL RECORDS.

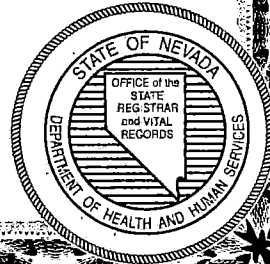
Dayla Marsh

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit "A"

LOT 381 AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 2, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON JUNE 1, 1965, AS DOCUMENT NO. 28309, AND ON JUNE 4, 1965, AS DOCUMENT NO. 28377.

