

APN# 1320-33-711-008

Recording Requested by/Mail to:

Name: Signature Title Company LLC

Address: 212 Elks Point Road, Suite 445, P.O. Box 10297

City/State/Zip: Zephyr Cove, NV 89448

Mail Tax Statements to:

Name: Mr. & Mrs. Monty Irby

Address: 1025 Kimmerling Road

City/State/Zip: Gardnerville NV 89460

Affidavit Death of Joint Tenant

Title of Document (required)

----- (Only use if applicable) -----

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)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

J Lane
Signature

J Lane
Printed Name

This document is being (re-)recorded to correct the document # _____, and is correcting

RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

George C. Debble
1565 Virginia Ranch Rd #110
Gardnerville NV 89410

A.P.N.: 1320-33-711-008
Order No.:
Escrow No.: ZC3873-JL

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

**AFFIDAVIT – DEATH OF JOINT TENANT
By Surviving Spouse**

STATE OF NEVADA)
COUNTY OF DOUGLAS)

^{Deeble}
George C. ~~Deeble~~, of legal age, being first duly sworn, deposes and says:

1. **Stella Mary Deeble** is the decedent mentioned in the attached certified copy of Certificate of Death, who died on **March 17, 2024**, at **1565 Virginia Ranch Rd #110, Gardnerville NV 89410**.
2. Declarant is the surviving spouse of Decedent and was married to Decedent on the date of death.
3. Declarant and Decedent are the same persons who are named as grantees in that certain deed dated **2/21/2018**, executed by **Gary Alan Shellard and Launi Doris Shellard, Trustees of the Shellard Trust dated April 5, 2016**, in favor of the grantees as **joint tenants**, recorded on **2/26/2018**, as Instrument No. **2018-910844**, of Official Records of **Douglas County, Nevada** describing the following real property:

Lot 116 in Block C as shown on the Final Subdivision Map FSM-1006, Chichester Estates Phase 1, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on September 12, 1995, in Book 995, Page 1407, as Document No. 370215, of Official Records, and amended by Certificate of Amendment, recorded March 5, 1997, in Book 397, Page 654, as Document No. 407852, of Official Records, and further Amended by Certificate of Amendment, recorded July 17, 2001, in Book 701, Page 3931, as Document No. 518480, of Official Records.

APN: 1320-33-711-008

Dated: September 3, 2024



George C. ~~Deeble~~ Deeble

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

^{Nevada}
State of ~~California~~
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 9th day of Sept, 2024, by Goerge C. ~~Deeble~~ ^{Deeble}, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature 

 J. LANE
Notary Public-State of Nevada
APPT. NO. 98-1380-5
My Appt. Expires 04-09-2025

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4403446

CERTIFICATE OF DEATH

2024005847
 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) Stella Mary DEEBLE		2. DATE OF DEATH (Mo/Day/Year) March 17, 2024		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) The Chateau At Gardnerville		3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) Residential Care Facility/group Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 75	
9a. STATE OF BIRTH (If not US/CA, name country) Pennsylvania		9b. CITIZEN OF WHAT COUNTRY UNITED STATES		11. MARITAL STATUS (Specify) Married	
13. SOCIAL SECURITY NUMBER 3993		14a. USUAL OCCUPATION (Give Kind of Work Done-During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Accounting	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1565 Virginia Ranch Rd #110		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		4. SEX Female	
16. FATHER/PARENT - NAME (First, Middle Last Suffix) Edward SIENKO			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Anna BYCOFF		
18a. INFORMANT - NAME (Type or Print) Caitlin Marie BLAIR		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 740 Marron Way Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION / City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such): NADIA NINA SANDOVAL		20b. FUNERAL DIRECTOR LICENSE NUMBER FD1007		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funerals & Cremations 1600 Buckeye Rd Minden NV 89423	
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) ILEANA C DEFTU MD			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) March 19, 2024		21c. HOUR OF DEATH 16:20		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Ileana C Deftu MD 235 West 6th Street Reno, NV 89503				23b. LICENSE NUMBER 12431	
24a. REGISTRAR (Signature) DARAN GRISSOM		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 19, 2024		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) End Stage Renal Disease					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Peripheral Vascular Disease					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Hypertension					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Unknown Etiology					
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) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
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

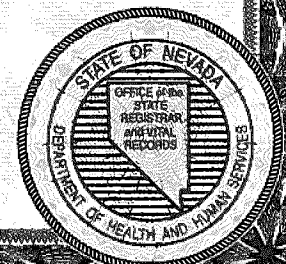
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

Cody D. Grissom

DATE ISSUED: **3/20/2024**

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