

Affiant further states that MICHAEL MAURICE MARSHALL is the surviving joint tenant in the described property, and that the decedent is one and the same person as the remainderman of joint property named in the deed recorded as described above.

DATED this October 27, 2021.

Michael Marshall
MICHAEL MAURICE MARSHALL, Affiant.

STATE OF NEVADA)
)ss
COUNTY OF WASHOE)

On OCTOBER 27, 2021, before me, the undersigned, a Notary Public in and for said County and State, personally appeared MICHAEL MAURICE MARSHALL known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose name is subscribed to the Affidavit of Death document, and acknowledged to me that they executed the same.

I certify under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Pursuant to NRS 240.199, this document was notarized using audio-visual communication.

WITNESS my hand and official seal.

My Commission Expires: 12/5/23

Lindsay Wheeler

Lindsay Wheeler, Notary Public

LINDSAY WHEELER
NOTARY PUBLIC
STATE OF NEVADA
Commission # 12-6575-2
My Appt. Expires December 05, 2023

Notarial act performed by audio-visual communication

Electronic Signatures. Each party agrees that the electronic signatures, whether digital or encrypted, of the parties included in this Agreement are intended to authenticate this writing and to have the same force and effect as manual signatures. Delivery of a copy of this Agreement or any other document contemplated hereby bearing an original or electronic signature by electronic mail in "portable document format (".pdf") form, or by any other electronic means intended to preserve the original graphic and pictorial appearance of a document, will have the same effect as physical delivery of the paper document bearing an original or electronic signature.

CBFDE26E-F8D3-4305-82BF-83D06EB1D190 --- 2021/10/27 12:20:00 -8:00 --- Remote Notary



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4238154

CERTIFICATE OF DEATH

2021023934
STATE FILE NUMBER

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Christina Marie TURNER		2. DATE OF DEATH (Mo/Day/Year) September 22, 2021		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) Veterans Hospital - Washoe		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 69	
9a. STATE OF BIRTH (If not US/CA, name country) Idaho		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		7b. UNDER 1 YEAR MOS DAYS	
13. SOCIAL SECURITY NUMBER 8300		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY EDUCATION	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Crescent Valley	
15d. STREET AND NUMBER 90 North 15th Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		8. DATE OF BIRTH (Mo/Day/Yr) December 14, 1951	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Herman Francis VESELY			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Evelyn Goldine JONES		
18a. INFORMANT - NAME (Type or Print) Melissa HUMPHREY			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3590 Candalaria Dr. Sparks, Nevada 89434		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) HARRISON CODY BILLIAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD943		20c. NAME AND ADDRESS OF FACILITY Truckee Meadows Cremation and Burial 616 South Walls Avenue Reno NV 89502	
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) REBECCA J DESFOR DO SIGNATURE AUTHENTICATED			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) September 30, 2021		21c. HOUR OF DEATH 17:20		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) Rebecca J Desfor DO 85 Kirman Ave LL1 Reno, NV. 89502				23b. LICENSE NUMBER DO2415	
24a. REGISTRAR (Signature) BLAIR J HEDRICK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 30, 2021		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) Metastatic Hepatocellular Carcinoma Of The Liver				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Chronic Hepatitis C				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Unknown Etiology				Interval between onset and death	
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) 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	

000436801 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.

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:

10/1/2021

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE.

