EUREKA COUNTY, NV LAND-TJT Rec:\$37.00 Total:\$37.00 DARRELL DUGAN 2025-254398 04/08/2025 11:14 AM Pgs=3

APN: 002-032-15, 002-032-17, 002-032-22

### AFFIDAVIT OF DEATH OF JOINT TENANT

I hereby affirm that this document submitted for recording contains a social security number as required by law

00022608202502543980030036 KATHERINE J. BOWLING, CLERK RECORDER

DARRELL DUGAN 1810 Rice Rd, Fallon, NV 89406

I, DARRELL DUGAN, residing at 1810 Rice Rd, Fallon, Nevada 89406, being of legal age, depose and say that:

That my father, KENNETH DARRELL DUGAN, a Joint Tenant on the within described real property, died on August 17, 2015 as evidenced by a certified copy of the Certificate of Death, attached hereto:

That decedent, as a Joint Tenant with right of survivorship with BARBARA JEAN DUGAN, held a joint interest in the property described by the property deeds recorded in the Office of the Eureka County Recorder on May 24, 1983, as document number 87665, described as: Lots 7 and 8 of Block 12, CRESCENT VALLEY RANCH AND FARMS, UNIT NO. 1, Eureka County, State of Nevada; and on February 19, 1988, as document number 116159, described as: Lots 9 and 10 of Block 12, 2nd Street, Crescent Valley, Eureka County, State of Nevada; and on May 16, 1991 as document number 136676, described as: Lot 13 of Block 12, Crescent Valley Ranch and Farms, Unit. 1, as platted of record in Eureka County, Nevada; and on March 12, 1992 as document number 140249, described as: Lot 12 of Block 12, Crescent Valley Ranch and Farms, Unit. 1, as platted of record in Eureka County, Nevada; and on April 10, 1992 as document number 140674, described as: Lot 11 of Block 12, Crescent Valley Ranch and Farms, Unit. 1, as platted of record in Eureka County, Nevada; and on April 10, 1992 as document number 140674, described as: Lot 11 of Block 12, Crescent Valley Ranch and Farms, Unit. 1, as platted of record in Eureka County, Nevada; each incorporated herein by reference;

That BARBARA JEAN DUGAN, was a Joint Tenant, with right of survivorship with the decedent, KENNETH DARRELL DUGAN in the described property;

That to my knowledge and belief, no proceeding is being or has been conducted in Nevada, or elsewhere, for administration of the decedent KENNETH DARRELL DUGAN's estate:

That to my knowledge and belief, the funeral expenses, expenses of last illness, and all unsecured debts of decedent have been paid.

<sup>&</sup>lt;sup>1</sup> A Petition for Probate of the Estate of Barbara Jean Dugan is being contemporaneously commenced with this filing in the Seventh Judicial District Court for Eureka County, Nevada.

APN: 002-032-15, 002-032-17, 002-032-22

### AFFIDAVIT OF DEATH OF JOINT TENANT

I hereby affirm that this document submitted for recording contains a social security number as required by law

### Oath or Affirmation:

I certify under penalty of perjury under Nevada law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

4/1/2025

DARRELL DUGAN

This Affidavit was acknowledged before me on this 15th day of April 2025 by DARRELL DUGAN, who, being first duly sworn on oath according to law, deposes and says that he has read the foregoing Affidavit subscribed by him, and that the matters stated herein are true to the best of his information, knowledge and belief.

**NOTARY SEAL:** 

Notary Public commissioned for

said County and State

Recording requested by and mail to: American Legal Services 85 S. LaVerne Street Fallon, NV 89406



# STATE OF NEVADA

## **CERTIFICATION OF VITAL RECORD**

# **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

VITAL STATISTICS

CERTIFICATE OF DEATH

2015017676

B. CITY, TOWN, OR LOCATION OF DEATH   Schöpffal, OR OTHER INSTITUTION Name(I not elieur, pice series at Sias If Hosp, or inst. Indicate DOA, Officer, Recognition of the Communication of the Communic	Kenneth Darrell		DUGAN		i sa sa <b>l</b> ki isa	OF DEATH (Mo/ August 17, 20	90° - 19 b	3a. COUNTY
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Nevada Eureka Crescent Valley 247 Second St.  6. FATHER/PARENT - MAME (First Middle Last Suffix) Joseph DUGAN  8. INFORMANT-NAME (Type or Print)  8. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 1/80: CEMETERY OR CREMATION? - NAME  9. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 1/80: CEMETERY OR CREMATION? - NAME  Cremation  Cremation  Cremation  Cremation  Cremation  Cremation  Cremation  Cremation  Cremation  Sunset Crematory  19. LOCATION City or Town  Eliko Nevada 8  90. Eliko Nevada 8  206. FUNERAL DIRECTOR SIGNATURE (Or Parson Acting as Such) JASON BUTTH  206. FUNERAL DIRECTOR Side AND ADDRESS OF FACILITY  BENEATURE AUTHENTICATURE  207. Contraction  CREMATIVES AUTHENTICATURE  208. PO BOX 589 Eliko NV 89803  RADE CALL - NAME AND ADDRESS  CREMATIVES AUTHENTICATURE  208. PO BOX 589 Eliko NV 89803  RADE CALL - NAME AND ADDRESS  210. DATE SIGNED (MorDay/Yr)  210. DATE SIGNED (MorDay/Yr)  210. DATE SIGNED (MorDay/Yr)  210. DATE SIGNED (MorDay/Yr)  211. DATE SIGNED (MorDay/Yr)  212. DATE SIGNED (MorDay/Yr)  213. NAME AND ADDRESS OF CERTIFER (PHYSICIAN, ATTENDONG PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  214. DATE RECEIVED BY REGISTRAR  215. IMMEDIATE CAUSE  216. DATE RECEIVED BY REGISTRAR  216. DATE RECEIVED BY REGISTRAR  217. DATE SIGNATURE AUTHENTICATURE  228. DATE RECEIVED BY REGISTRAR  229. DATE RECEIVED BY REGISTRAR  230. DATE RECEIVED BY REGISTRAR  240. DATE RECEIVED BY R	5a. RESIDENCE - STATE 11		Ay a property of	1974 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ID NUMBER	The same of the sa	7
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38. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  Shortiff Keith Logan: P O. Box 531 Euroka, NV 89316  48. REGISTRAR (Signature)  VERALYNIN A SOYACK SHIMATURE AUTHENTICATED  24b. DATE RECEIVED BY REGISTRAR  (Mo/Day/Yr) October: 15, 2015  YES NC  SIMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  Interval between the property of the property o	21a. To the best of my knew to the cause(s) stated.(Star	wledge, death occurred nature & Title)		9 2 at	EITH LOC	plece and due to the A.M	cause(s) state	d (Signature & * SIGNATURE
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Sheriff Keith Logan: P O Box 531 Eureka, NV 89316  VERALYMIN A BOYACK SHINATURE AUTHENTICATED  24b. DATE RECEIVED BY REGISTRAR  24c. DEATH DUE TO COMMU  (Mo/Day/Yr) October 15, 2015  YES NC  25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  DUE TO, OR AS A CONSEQUENCE OF:  (b) Bilaterial Pulmonary Embolism  DUE TO, OR AS A CONSEQUENCE OF:  (c) DUE TO, OR AS A CONSEQUENCE OF:  (d)  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death, but not resulting in the underlying cause given in Part 1.  26. AUTOPSY (Specif 27. Yes or No.)  No. (Sp.	21e. To the best of my knew to the cause(s) stated.(Sign 21b. DATE SIGNED (Mo/D	wiedge, death occurred sture & Title)  Day/Vr) 21c  RG PHYSICIAN IF OTH	: HOUR OF DEATH HER THAN CERTIFIER	and	te time, date and EITH LOG 2b. DATE SIGNE Octobe 2d. PRONOUNC	place and due to the <b>AM</b> D (Mo/Dey/Yr) or 15, 2015 ED DEAD (Mo/De	cause(s) state	d. (Signature & SIGNATURE HOUR OF DE OF DE
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25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  PART 1  (a) Cardiac Arrest  DUE TO, OR AS A CONSEQUENCE OF:  (b) Bilateral Pulmonary Embolism  DUE TO, OR AS A CONSEQUENCE OF:  (c)  DUE TO, OR AS A CONSEQUENCE OF:  (d)  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  28. AUTOPSY (Special 27. Yes or No.)  No. Rep.	21s. To the best of my knew to the cause(s) stated. (Sky 21b. DATE SIGNED (Mo/D 21b. DATE SIGNED (Mo/D 21d. NAME OF ATTENDIN (Type or Print)	wiedge, death occurred leture & Title)  21c  RS PHYSICIAN IF OTH Keith  ERTIFIER (PHYSICIAN	: HOUR OF DEATH HER THAN CERTIFIER LOGAN N, ATTENDING PHYSICIAN	STATE OF STA	the time, date and partition in the time. Detection in the time in	place and due to the <b>AM</b> ID (MorDey/Yr) or 15, 2015 IED DEAD (MorDer st 17, 2015	22c.	d (Signature & SIGNATURE HOUR OF DE
PART I Cardiac Arrest Immediate    Due to, or as a consequence of:   Due to, or as a consequence of:   Due to, or as a consequence of:   Interval between the total pulmonary Embolism	21a. To the best of my knew to the cause(s) stated. (Sign 21b. DATE SIGNED (Mo/D 21b. DATE SIGNED (Mo/D 21d. NAME OF ATTENDIN CType or Print) 23a. NAME AND ADDRESS OF C	wiedge, deeth occurred reture & Title)  21c  KS PHYSICIAN IF OTF  Keith  ERTIFIER (PHYSICIA  Sheriff Keith	: HOUR OF DEATH HER THAN CERTIFIER LOGAN N, ATTENDING PHYSICIAN LOGAN : P O BOX 53	MEDICAL EXAMINATE PLANTS I EUROKA, NV 8	the time, date and LETTH LOG 2b. DATE SIGNE Octobe 2d. PRONOUNC August NER, OR CORON 19316 LECENTED BY RI	pleas and due to the MA ID (Mo/Dey/Yr) BY 15, 2015 ED DEAD (Mo/De st 17, 2015 NER) (Type or Prin	22c.   22c.   22e.	d (Signature & SHONATURE) HOUR OF DE O PRONOUNCE 0 23b. LICENSE
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(b) Bilateral Pulmonary Embolism  DUE TO, OR AS A CONSEQUENCE OF:  Interval betwee  (c)  DUE TO, OR AS A CONSEQUENCE OF:  Interval betwee  (d)  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  26. AUTOPSY (Specif Regions)  No. No.	21a. To the best of my knew to the cause(s) stated. (Sign 22b. DATE SIGNED (MO/O 21b. DATE SIGNED (MO/O 21c. NAME OF ATTENDIN 21d. NAME AND ADDRESS OF C 24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE	Wedge, death occurred the service in Title)  21c  KS PHYSICIAN IF OTH  KORTH  ERTIFIER (PHYSICIAN SHORTH KORTH  VERALYM  SHIMATURE A  (ENTER ONLY ONE	HOUR OF DEATH  HER THAN CERTIFIER  LOGAN  N, ATTENDING PHYSICIAN  LOGAN  PO BOX 53*  IN A BOYACK  MITHENTICATED	MEDICAL EXAMINATE (Mo/Day/Yr)	the firms, date and LETTH LOGA  2b. DATE SIGNE Octobe  2d. PRONOUNC  Augus  NER, OR CORON  19316  LECENTED BY RE	please and due to the  ED (Mo/Dey/Yr)  BY 15, 2015  ED DEAD (Mo/De  st 17, 2015  NER) (Type or Prin	22c. (a) state 22c. (b) 22e. (c) 22e. (d) 22e. (d) 24c. DEATH D	d (Signature & SIGNATURE HOUR OF DE O O PRONOUNCE O C C C C C C C C C C C C C C C C C C
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STATE REGISTRAR

VR8-Rev-201205234



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:

10/15/2015

SIGNATURE AUTHENTICATED



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