

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; 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;¹

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

¹ 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.

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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
Date

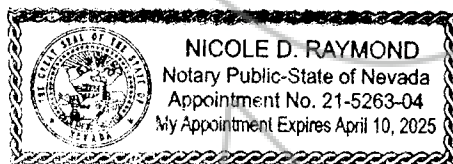
Darrell Dugan
DARRELL DUGAN

This Affidavit was acknowledged before me on this 1st 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:

Nicole D Raymond
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
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) Kenneth Darrell DUGAN		2. DATE OF DEATH (Mo/Day/Year) August 17, 2015		3a. COUNTY OF DEATH Eureka	
3b. CITY, TOWN, OR LOCATION OF DEATH Crescent Valley		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or 3e. If Hosp. or Inst. indicate DOA,OP/Emr. Rm. Inpatient (Specify) 5043 Tenabo Avenue Crescent Valley Medical Center		4. SEX Male	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 81	
9a. STATE OF BIRTH (If not U.S.A.) Kansas		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 8	
11. MARRIED, NEVER MARRIED, WIDOWED DIVORCED (Specify Married)		12. SURVIVING SPOUSE (Maiden name) Barbara J GAUDIG		8. DATE OF BIRTH (Mo/Day/Yr) January 24, 1934	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Dragline Operator		14b. KIND OF BUSINESS OR INDUSTRY Soil Conservation	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Crescent Valley	
15d. STREET AND NUMBER 247 Second St.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. EVER IN US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Joseph DUGAN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Julia PICOLET		
18a. INFORMANT - NAME (Type or Print) Barbara J DUGAN			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 247 Second Street Crescent Valley, Nevada 89821		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sunset Crematory		19c. LOCATION City or Town State Elko Nevada 89803	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JASON MUTH SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 298		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 689 Elko NV 89803	
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) Keith Logan		21b. DATE SIGNED (Mo/Day/Yr) October 15, 2015		21c. HOUR OF DEATH 08:58	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Keith Logan		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) KEITH LOGAN SIGNATURE AUTHENTICATED		22b. DATE SIGNED (Mo/Day/Yr) October 15, 2015	
		22c. HOUR OF DEATH 08:58		22d. PRONOUNCED DEAD (Mo/Day/Yr) August 17, 2015	
		22e. PRONOUNCED DEAD AT (Hour) 09:21			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Sheriff Keith Logan P O Box 531 Eureka, NV 89316					23b. LICENSE NUMBER
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 15, 2015		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) Cardiac Arrest				Immediate	
(b) Bilateral Pulmonary Embolism				Interval between onset and death	
(c) 				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 I.					26. AUTOPSY (Specify Yes or No) No
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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					

STATE REGISTRAR

CERTIFIED COPY OF VITAL RECORDS

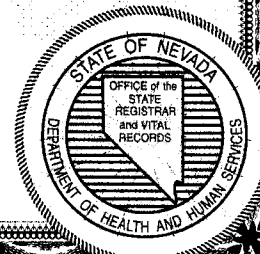
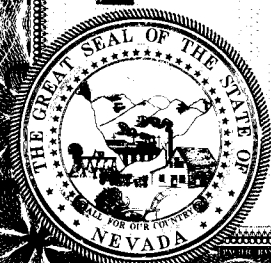
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **10/15/2015**

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

R. J. White
SIGNATURE AUTHENTICATED

VR8-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE