

APN: 007-542-14

RECORDING REQUESTED BY:
JAMES R. CAVILIA, ESQ.
ALLISON MacKENZIE, LTD.
P.O. Box 646
Carson City, Nevada 89702

MAIL TAX STATEMENTS TO:
Luther C. Best, Jr.
1678 Robb Drive
Carson City, NV 89703

The parties executing this document hereby affirms
that this document submitted for recording DOES
contain the social security number of any person or
persons pursuant to NRS ~~239B-030~~ 440.380

AFFIDAVIT OF DEATH OF JOINT TENANT

LUTHER C. BEST, JR., does hereby subscribe and swear under penalty of perjury that the following assertions are true:

1. That by Grant, Bargain, Sale Deed recorded November 3, 2006, in the official records of the Carson City Recorder, as Document No. 360593, LUTHER C. BEST, JR. and MARIA G. BEST, husband and wife, as joint tenants with rights of survivorship, acquired title to a parcel of real property situated in Carson City, State of Nevada, described in Exhibit "A" attached hereto and incorporated herein by this reference.

2. That MARIA G. BEST, one of the Grantees in said deed, died on March 6, 2020, in Carson City, Nevada, and MARIA G. BEST is the same person identified as MARIA G. BEST in that Certificate of Death issued by the Nevada Department of Health and Human Services, Division of Public and Behavioral Health, Vital Statistics, a copy of which Certificate of Death is attached hereto and incorporated herein by this reference.

3. That at the time of death of MARIA G. BEST, title to the above-referenced real property continued to be held by and LUTHER C. BEST, JR. and MARIA G. BEST, husband and wife as joint tenants with rights of survivorship.

4. That as a result of the death of MARIA G. BEST, the undersigned, LUTHER C. BEST, JR., as the surviving joint tenant, is the sole owner of the property.

5. That this affidavit is executed pursuant to NRS 111.365.

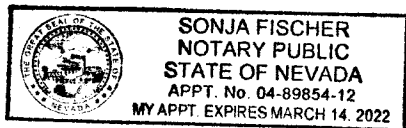
I certify under penalty of perjury under the laws of the State of Nevada that the following is true and correct.

Dated this 26 day of Feb, 2021.

Luther C. Best, Jr.
LUTHER C. BEST, JR.

STATE OF NEVADA)
) : ss.
CARSON CITY)

On Feb 26, 2021, personally appeared before me, a notary public, LUTHER C. BEST, JR., personally known (or proved) to me to be the person whose name is subscribed to the foregoing Affidavit of Death of Joint Tenant, who acknowledged to me that she executed the foregoing document.



Sonja Fischer
NOTARY PUBLIC

EXHIBIT "A"
LEGAL DESCRIPTION

The land referred to herein is situated in the State of Nevada,
County of CARSON CITY, described as follows:

Lot 1801, as shown on the Final Map Silver Oak, Phase 18, a
Planned Unit Development, recorded May 23, 2005, in the Office
of the Carson City Recorder, Carson City, State of Nevada, in
Map Book 9, at Page 2560, under File No. 336869, Official
Records

ASSESSOR'S PARCEL NO. 007-542-14

UNOFFICIAL COPY

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

VITAL STATISTICS

CASE FILE NO. 4133469

CERTIFICATE OF DEATH

2020005280

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
DEATHCONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Maria G BEST				2. DATE OF DEATH (Mo/Day/Year) March 06, 2020		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 1678 Robb Dr		3e. If Hosp. or Inst. indicate DOA, OR Emer. Rm. Inpatient (Specify) Home		4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify Yes - Puerto Rican		7a. AGE-Last birthday (Years) 78		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) July 31, 1941		9a. STATE OF BIRTH (If not US/CA, name country) Puerto Rico		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Luther BEST JR		13. SOCIAL SECURITY NUMBER 3451		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Clerk	
14b. KIND OF BUSINESS OR INDUSTRY Human Resources		15. Ever in US Armed Forces? No		15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City	
15c. CITY, TOWN OR LOCATION Carson City		15d. STREET AND NUMBER 1678 Robb Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Jose VELEZ	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Georgina GONZALES		18a. INFORMANT - NAME (Type or Print) Luther BEST JR		18b. MAILING ADDRESS (Street or R.F.D., No, City or Town, State, Zip) 1678 Robb Dr Carson City, Nevada 89703		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706		20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861	
20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley		20d. SIGNATURE AUTHENTICATED		20e. ADDRESS 1281 N Roop Carson City NV 89706		21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) RUTH RHINES	
21b. DATE SIGNED (Mo/Day/Yr) March 17, 2020		21c. HOUR OF DEATH 08:15		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Coroner Ruth Rhines		21e. SIGNATURE AUTHENTICATED	
21f. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 17, 2020		21g. HOUR OF DEATH 08:15		21h. PRONOUNCED DEAD (Mo/Day/Yr) March 06, 2020		21i. PRONOUNCED DEAD AT (Hour) 08:15	
22a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Ruth Rhines 911 E Musser St. Carson City, NV 89701		22b. LICENSE NUMBER 9307		23a. REGISTRAR (Signature) BLAISE SATARIANO		23b. SIGNATURE AUTHENTICATED	
23c. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 17, 2020		23d. DEATH DUE TO COMMUNICABLE DISEASE YES NO		24. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Acute Cardiopulmonary Arrest		Interval between onset and death	
24a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		24b. DATE OF INJURY (Mo/Day/Yr)		24c. HOUR OF INJURY		24d. DESCRIBE HOW INJURY OCCURRED	
24e. INJURY AT WORK (Specify Yes or No)		24f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		24g. LOCATION STREET OR R.F.D. No CITY OR TOWN STATE		24h. AUTOPSY (Specify Yes or No) No	
24i. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		24j. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Dementia, Unknown Etiology		24k. SIGNATURE AUTHENTICATED		24l. SIGNATURE AUTHENTICATED	

000810730



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:

3/25/2020

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

