

APN: 013-160-46 & 013-160-50

RECORDING REQUESTED BY:
COW COUNTY TITLE CO.

WHEN RECORDED MAIL TO:
Stacia Dunning
7344 Davenport
Goleta CA 93117



OFFICIAL RECORD
AMY ELMER, RECORDER

AFFIDAVIT DEATH OF JOINT TENANT

I, the undersigned, hereby affirm that this document submitted for recording contains a social security number of a person as required by law: NRS 40.525
(Law).


Signature CL Flavion-Arnhart

Title Agent
Title

This page is added to provide information required by NRS 111.312, Sections 1-2.
(Additional recording fees apply)

AFFIDAVIT DEATH OF JOINT TENANT

STATE OF CALIFORNIA
COUNTY OF SANTA BARBARA

STACIA DUNNING, of legal age, being first duly sworn, deposes and says: That Patrick Lee Dunning, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Patrick Dunning, named as one of those parties in those certain Deeds dated July 19, 2005 and August 23, 2005, executed by Gary A. Carrigan, Trustee of the 5C Living Trust dated April 20, 1995, to Patrick Dunning and Stacia Dunning, as joint tenants, recorded September 12, 2005 in Book 206 of Official Records, pages 191 and 204 as File Nos. 125186 and 125190; and also re-recorded January 18, 2013 in Book 276 of Official Records page 281 as File No. 142523, Lincoln County, Nevada records, covering the real property situate in the County of Lincoln, State of Nevada, described as follows:

PARCEL 1:

That portion of the Southwest Quarter (SW1/4) of the Southeast Quarter (SE1/4) of Section 11, Township 3 South, Range 67 East, M.D.B. & M., Lincoln County, Nevada, described as follows:

Parcel No. 3 as shown on that certain Parcel Map recorded May 12, 1998 in Book B of Plats, page 112 as File No. 110955, and the Amended Subsequent Parcel Map for Gary A. Carrigan recorded May 18, 1999 in Book B of Plats, page 223 as File No. 112819, Lincoln County, Nevada records.

EXCEPTING THEREFROM that portion lying within Carrigan Ave and Pauline Circle as conveyed to the County of Lincoln, State of Nevada by Deed recorded June 13, 2002 in Book 164 of Official Records, page 353 as File No. 118315, Lincoln County, Nevada records.

ASSESSOR'S PARCEL NUMBER FOR 2018 – 2019: 013-160-46

PARCEL 2:

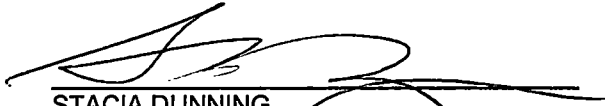
That portion of the Southwest Quarter (SW1/4) of the Southeast Quarter (SE1/4) of Section 11, Township 3 South, Range 67 East, M.D.B. & M., Lincoln County, Nevada, described as follows:

Parcel No. 3 as shown on that certain Parcel Map recorded May 12, 1998 in Book B of Plats, page 113 as File No. 110956, and the Amended Subsequent Parcel Map for Gary A. Carrigan recorded May 18, 1999 in Book B of Plats, page 224 as File No. 112820, Lincoln County, Nevada records.

EXCEPTING THEREFROM that portion lying within Carrigan Ave and Pauline Circle as conveyed to the County of Lincoln, State of Nevada by Deed recorded June 13, 2002 in Book 164 of Official Records, page 353 as File No. 118315, Lincoln County, Nevada records.

ASSESSOR'S PARCEL NUMBER FOR 2018 – 2019: 013-160-50

DATE: 12/11/18


STACIA DUNNING

STATE OF _____
COUNTY OF _____

This instrument was acknowledged before me on _____
by Stacia Dunning

Notary Public

SEE ATTACHED

COPY

ACKNOWLEDGMENT

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.

State of California
County of Santa Barbara)

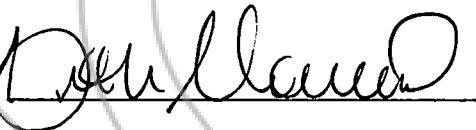
On December 13, 2018 before me, Beth Morris, Notary Public
(insert name and title of the officer)

personally appeared Stacia Dunning
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/~~are~~-
subscribed to the within instrument and acknowledged to me that he/~~she~~/~~they~~ executed the same in
~~his~~/~~her~~/~~their~~ authorized capacity(~~ies~~), and that by ~~his~~/~~her~~/~~their~~ signature(~~s~~) on the instrument the
person(~~s~~), or the entity upon behalf of which the person(~~s~~) acted, executed the instrument.

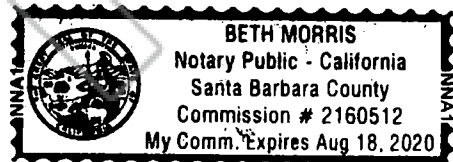
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



(Seal)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2018008803
STATE FILE NUMBER

CASE FILE NO. 4017565

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) Patrick Lee DUNNING		2. DATE OF DEATH (Mo/Day/Year) May 01, 2018		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH North Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION: Name (If not either, give street and city) Westbound County Road 215 at Losee Road		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Roadway	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last birthday (Years) 47		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) November 29, 1970		9a. STATE OF BIRTH (If not US/CA name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Crane Operator		14b. KIND OF BUSINESS OR INDUSTRY Paving/ Concrete	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Logandale	
15d. STREET AND NUMBER 3770 Skyline Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Daniel DUNNING			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Janice BEYER		
18a. INFORMANT - NAME (Type or Print) Janice DUNNING			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) PO Box 295 Caliente, Nevada 89008		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Memory Gardens Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89129	
20a. FUNERAL DIRECTOR: SIGNATURE (Or Person Acting as Such) LENNETTE SMITH SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD893		20c. NAME AND ADDRESS OF FACILITY Bunker's Mortuary 925 N Las Vegas Blvd Las Vegas NV 89101	
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) LEONARDO P. ROQUERO MD SIGNATURE AUTHENTICATED					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		21b. DATE SIGNED (Mo/Day/Yr) May 07, 2018		21c. HOUR OF DEATH 07:30	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr) May 01, 2018		22e. PRONOUNCED DEAD AT (Hour) 07:30	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Leonardo P. Roquero MD 1704 Pinto Lane Las Vegas, NV 89106				23b. LICENSE NUMBER 16688	
24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 08, 2018		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). Interval between onset and death)					
PART I (a) Multiple Blunt Force Injuries					
DUE TO, OR AS A CONSEQUENCE OF					
(b) Motor Vehicle Collision					
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 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) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr) May 01, 2018		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED Driver Involved In Motor Vehicle Collision					
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify) Roadway		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE Westbound County Road 215/Losee Road North Las Vegas Nevada	

LOCAL REGISTRAR

VR5-Rev-20120523a

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

MAY 18 2018

DATE ISSUED:

Registrar of Vital Statistics

By

Pamela Thomas

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT - P.O. Box 3902 - Las Vegas, NV 89127 - 702-759-1010 - Tax ID # 88-0151573

