

APN: 1320-32-712-029

After Recording, Mail to:

Alyce Saurer  
1506 Mill Creek Way  
Gardnerville, NV 89410

Mail Tax Statements to:

Same as above



KAREN ELLISON, RECORDER

The undersigned affirms that this document does contain the social security number of a person.  
(NRS 239B.030).

**AFFIDAVIT - DEATH OF COMMUNITY SPOUSE**

ALYCE M. SAURER, being duly sworn, deposes and says that WILLIAM E. SAURER, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as William E. Saurer named as one of the parties in the Grant Deed executed by William E. Saurer and Alyce M. Saurer to William E. Saurer and Alyce M. Saurer, husband and wife as community property with right of survivorship, and recorded on September 26, 2011, in Book 0911, at page 4559, Document number 0790087, official records of Douglas County, Nevada, covering the following legal property:

Lot 29, as set forth on the Final Map of MILL CREEK ESTATES, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 4, 1991, in Book 691, Page 337, as Document No. 252075.

Per NRS 111.312, this legal description was previously recorded on September 26, 2011, in Book 0911, at page 4559, Document number 0790087.

Dated February 4, 2015

  
\_\_\_\_\_  
ALYCE M. SAURER

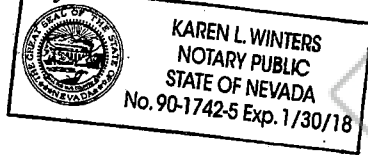
**ACKNOWLEDGMENT**

STATE OF NEVADA )  
 ) : ss.  
COUNTY OF DOUGLAS )

On February 4, 2015, before me, Karen L. Winters, Notary Public, personally appeared ALYCE M. SAURER, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacities, and that by their signatures on the instrument the persons, or the entity upon behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal.

Seal



*Karen L. Winters*  
NOTARY PUBLIC

# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### DIVISION OF HEALTH

#### VITAL STATISTICS

#### CERTIFICATE OF DEATH

**2014006377**

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) <b>William E SAURER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 31, 2014</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION Name (if not either, give street and number) <b>Gardnerville Health and Rehab</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Nursing Home</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>89</b>	
7b. UNDER 1 YEAR MOS: DAYS		7c. UNDER 1 DAY HOURS: MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>June 30, 1924</b>	
9a. STATE OF BIRTH (if not U.S.A. name country) <b>North Dakota</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>11</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Alyce COVERSTON</b>			
13. SOCIAL SECURITY NUMBER <b>2869</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Machinist</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1506 Mill Creek Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>William J SAURER</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Mary HARDER</b>		
18a. INFORMANT - NAME (Type or Print) <b>Suzanne SAURER</b>		18b. MAILING ADDRESS (Street or R.F.D. No; City or Town, State, Zip) <b>8816 West Foothill, 103-211 Rancho Cucamonga, California 91730</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden Nevada 89423</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CURT KOESTLER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>823</b>		20c. NAME AND ADDRESS OF FACILITY <b>Waltor's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</b>	
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) <b>VIJAY MAIYA MD</b> 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) <b>April 14, 2014</b>		21c. HOUR OF DEATH <b>10:41</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Vijay Maiya MD, 1600 Medical Parkway Carson City, NV 89703</b>			
23b. LICENSE NUMBER <b>11909</b>				24a. REGISTRAR (Signature) <b>BIANCA GALEANO</b> SIGNATURE AUTHENTICATED	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 15, 2014</b>		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) <b>Cardiopulmonary Arrest</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Acute Cerebrovascular Accident</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b>Atherosclerotic Disease</b>					
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) <b>No</b>	
26. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		27a. ACC., SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)		27b. DATE OF INJURY (Mo/Day/Yr)	
27c. HOUR OF INJURY		27d. DESCRIBE HOW INJURY OCCURRED			
27e. INJURY AT WORK (Specify Yes or No)		27f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		27g. LOCATION STREET OR R.F.D. No. CITY OR TOWN. STATE	

STATE REGISTRAR

**527597**

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: **04/25/2014**

*R. D. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a

