

DOUGLAS COUNTY, NV **2015-858809**
Rec:\$15.00
\$15.00 Pgs=2 03/18/2015 09:00 AM
MORTGAGE CONNECT LP
KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH

State of Nevada

County of Douglas }ss.

Thomas D Christopher, of legal age, being first duly sworn, deposes and says:
(PRINT NAME)

That Karen Louise Christopher, the decedent mentioned in the attached original X certified copy plain copy Certificate of Death, is the same person as Karen Christopher named as one of the parties in that certain deed dated 3/15/1999, executed by Daniel R. King and Sandra E. King husband and wife to Thomas Christopher and Karen Christopher husband and wife as joint tenants, recorded on 4/02/1999, in Book 0499 Page 0524 of Official Records of DOUGLAS County, NEVADA, covering the following described property at 1134 LADERA Lane, GARDNERVILLE, NV 89410, County of DOUGLAS, State of NEVADA.

DATE 2-6-15

[Signature]
SIGNATURE

SUBSCRIBED AND SWORN TO (or affirmed) before me on this 6 day of Feb
20 15 by Thomas D Christopher

proved to me on the basis of satisfactory evidence to be the persons(s) who appeared before me.

Donna Peacocke
Notary Signature
Notary Public Commissioned for said County and State

My Commission Expires: 08-26-17

Order # 669157



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH VITAL STATISTICS
CERTIFICATE OF DEATH

2013022041
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

Form containing fields for: 1a. DECEASED-NAME, 2. DATE OF DEATH, 3a. COUNTY OF DEATH, 3b. CITY, TOWN, OR LOCATION OF DEATH, 3c. HOSPITAL OR OTHER INSTITUTION, 3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient(Specify), 4. SEX, 5. RACE, 6. Hispanic Origin?, 7a. AGE-Last birthday (Years), 7b. UNDER 1 YEAR, 7c. UNDER 1 DAY, 8. DATE OF BIRTH, 9a. STATE OF BIRTH, 9b. CITIZEN OF WHAT COUNTRY, 10. EDUCATION, 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify), 12. SURVIVING SPOUSE, 13. SOCIAL SECURITY NUMBER, 14a. USUAL OCCUPATION, 14b. KIND OF BUSINESS OR INDUSTRY, 15a. RESIDENCE - STATE, 15b. COUNTY, 15c. CITY, TOWN OR LOCATION, 15d. STREET AND NUMBER, 15e. INSIDE CITY LIMITS, 16. FATHER/PARENT - NAME, 17. MOTHER/PARENT - NAME, 18a. INFORMANT - NAME, 18b. MAILING ADDRESS, 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify), 19b. CEMETERY OR CREMATORY - NAME, 19c. LOCATION, 20a. FUNERAL DIRECTOR - SIGNATURE, 20b. FUNERAL DIRECTOR LICENSE, 20c. NAME AND ADDRESS OF FACILITY, 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated, 21b. DATE SIGNED, 21c. HOUR OF DEATH, 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER, 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, 22b. DATE SIGNED, 22c. HOUR OF DEATH, 22d. PRONOUNCED DEAD, 22e. PRONOUNCED DEAD AT (Hour), 23a. NAME AND ADDRESS OF CERTIFIER, 23b. LICENSE NUMBER, 24a. REGISTRAR (Signature), 24b. DATE RECEIVED BY REGISTRAR, 24c. DEATH DUE TO COMMUNICABLE DISEASE, 25. IMMEDIATE CAUSE, 26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST., 27. WAS CASE REFERRED TO CORONER, 28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST., 28b. DATE OF INJURY, 28c. HOUR OF INJURY, 28d. DESCRIBE HOW INJURY OCCURRED, 28e. INJURY AT WORK, 28f. PLACE OF INJURY, 28g. LOCATION, 28h. STREET OR R.F.D. No., 28i. CITY OR TOWN, 28j. 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: 02/07/2014

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

Signature of Registrar: R. D. White

