DOUGLAS COUNTY, NV

Rec:\$15.00

\$15.00

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2015-858809 03/18/2015 09:00 AM

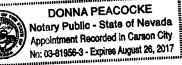
MORTGAGE CONNECT LP

KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH

State of Nevada County of Douglas ss.
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 attachedoriginalX_certified copyplain 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.
S, II (SI TE TO TE
DATE 2-6-15
SIGNATURE
SUBSCRIBED AND SWORN TO (or affirmed) before me on this
SUBSCRIBED AND SWORN TO (or affirmed) before the off this
20 15 by Thomas D Christopher
proved to me on the basis of satisfactory evidence to be the persons(s) who appeared before me.
Dona Reacocke My Commission Expires: 08-26-17
Notary Signature Notary Public Commissioned for said County and State
Emmanus DEACOCKE

Order # 669157



CERTIFICATION OF VITAL RECORD-

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2013022041

PRIMANENT	MATERIAN DER DER MARKET DE LE LORDE LA LA SANTANTA ANTA, LE GALLE LA MARCE DE LA CAMBRETA DE LA MARCETA DE LA					2. DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH				
	Karen Louise CHRISTOPHER 3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give					ve street 3e.lf Hosp.	December 13, 2013 Douglas e street: 3e.if Hosp. or Inst. indicate DOA;0P/Emer. Rm. 4. SEX			
DECEDENT	Gardnerville	and no	nd number) 1134 Ladera Lane			Inpatient(Specify) Home Female 17b. UNDER 1 YEAR 17c. UNDER 1 DAY 18, DATE OF BIRTH (Mc/Day/Yr)				
	5. RACE. White (Specify)		6. Hispanic Origin? Specify 7a. AC No - Non-Hispanic birthd			MOS DAYS	HOURS MIN	8 Nov	rember 12, 1963	
OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING OMPLETION OF	9a. STATE OF BIRTH (If not U.S.A. name country) Michigan		CITIZEN OF WHAT COUNTRY 10 EDUCATION 11. MARRIED, NO United States 12			maiden names Duane CHRISTOPH				
	13. SOCIAL SECURITY NUMBER -5210	14a, USUAi of Working	a: USUAL OCCUPATION (Give Kind of Work Done During Most Working Life, Even If Retired Special Education Aide			Public Schools Forces? No			Ever in US Armed Forces? No	
	15a RESIDENCE - STATE 15t	Douglas		CITY, TOWN OR L Gardnen		STREET AND NUMB 34 Ladera Lane	ER		15e. INSIDE CITY LIMITS (Specify Yes or No.) Yes	
PARENTS	16. FATHER/PARENT - NAME (Fig.	st Middle Last Walter GC			17MOTHER	PARENT - NAME (FI	st Middle Last Sia Ann KOR			
	18a. INFORMANT- NAME (Type or Thomas CHF			186 MAILING ADI	All F. De. Landersond Printed Law Line	R.F.D. No. City or Town Jera Lane Gardne	T. 147 . TY 177 .	a 89410		
ISPOSITION	19a. BURIAL, CREMATION, REMO Cremation		ecify) 196, CEN	METERY OR CREMA Waiton	TORY - NAME 's Sierra Crema	tory	19c LOCATIO	1-10-00-00	own State evada 89706	
		ATURE (Or Perso COESTLER		b) 20b FUNERA DIRECTOR LI 82	CENSE	Committee of the commit	FACILITY 's Funerals ar h Street Gard	100 4000 0 20040000	 Held Made 1. The development of the National Action (National Action) 	
RADE CALL	TRADE CALL - NAME AND ADDRE					- W W W W W W W W.				
CERTIFIER	21a. To the best of my know due to the cause(s) stated: 21b. DATE SIGNED (Mo/Os CO STATE SI	(Signatura & Title) vy/Yr)	21c. HOUR OF	DEATH	the times.	date and place and du BHALL FLAGG ITE SIGNED (Mo/DayA January 31, 201 CONOUNCED DEAD (M	(f) 22 4 (o)Day/Yr) 22	stated. (Signa SIGNATU c. HOUR OF	PRE AUTHENTICATED DEATH 07:11 NCED DEAD AT (Hour)	
REGISTRAR	(Type or Print) 23a. NAME AND ADDRESS OF CE	RTIFIER (PHYSIC	SAN, ATTENDI	NG PHYSICIAN, INC	DICAL EXAMINER, O 18 Minden, NV	December 13, 20 or coroller) (Type of 80423		23b. LICEN	07:11 SE NUMBER 465	
	24a REGISTRAR (Signature)	NIC	OLE SHOP	RE:	24b. DATE RECEI	VED BY REGISTRAN	9 8	DUE TO CO	MMUNICABLE DISEASE	
CAUSE OF DEATH	25. IMMEDIATE CAUSE	ENTER ONLY OF	NE CAUSE PER	LINEFOR(a) (b). Mitra l Valve	ND (c).) Prolapse	TOTAL TRANSPORT	1	Interval	between onset and death	
		A CONSEQUENC	70%			See		Interval	between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE	DUE TO, OR AS A CONSEQUENCE OF:							Interval between onset and death		
CAUSE -> STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS	A CONSEQUENC	E OF:	A Section Control of the Section Control of t				Interval	between paset and death	
	(d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions conditioning to death but not resulting in the underlying cause given in Part 1.						11. 26. AU (Specif	28. AUTOPSY Z7. WAS CASE REFERRED TO CORDNER (Specify Yes or No) Yes Or No) Yes		
	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	286. DATE OF INJUR	(Y (Mo/Dey/Yr)	28c, HOUR OF IN.	JURY 28d. DESCRII	SE HOW INJURY OCCURR	ED .			
	28e. INJURY AT WORK (Specify Yes or No)	28f. PLACE OF IN building, etc. (Spe	JURY- At home cify)	e, farm, street, factory	office 28g. LOCA	TION STREET O	R R.F.D. No.	CITY OR TO	WN STATE	
3747				STAT	E REGISTRAR		el nyang musahiri			

VRS-Rev-20120523a



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.