

APN: 1420-28-211-010
Recording requested by, and please
send recorded document and
future tax statements to:



KAREN ELLISON, RECORDER

Ronnnett M Koons
1283 Siesta Court
Minden Nevada 89428

STATE OF NEVADA)
COUNTY OF DOUGLAS)

Affidavit of Death
Pursuant to NRS § 111.365

The affiant, Ronnett Koons, being first duly sworn, deposes and states that:

1. The affiant is of legal age for the state of Nevada.
2. That Ophir Reid Koons Jr, the decedent mentioned in the attached certified certificate of death, who died on 06-07-2014, in Minden Nevada, is the same person as Ophir Koons.
3. That the affiant and the decedent were both grantees in that certain GRANT deed dated 05-08-2001, recorded on 05-10-2001, as book/page 0500/4445 or instrument # 492337 in the records of Douglas County, Nevada, and executed by the grantor(s) HES CONSTRUCTION INC to the grantee(s) Ophir Koons & Ronnett Koon, HUSBAND AND WIFE as JOINT TENANTS SURVIVORS covering the real property commonly known as 1283 SIESTA COURT, City of MINDEN, County of DOUGLAS, State of Nevada, more particularly described as:
LOT 24 BLOCK B OF SARATOGA SPRINGS UNIT NO 4.
FILED FOR RECORD IN THE OFFICE OF DOUGLAS COUNTY RECORDER ON MAY 9, 200 AS DOCUMENT # 492337

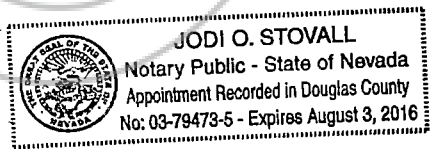
4. That the relationship between the affiant and the decedent was that of:
HUSBAND AND WIFE

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

In witness whereof, I set my hand this 20th day of July, 2015.

Ronnnett M Koons
Affiant
RONNETT M KOONS
Print name

Subscribed and sworn to before me on July 20, 2015 by Ronnett M. Koons



Jodi O Stovall
Notary Public
Jodi O Stovall
Notary name

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2014009318
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

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) John Reid KOONS JR		2. DATE OF DEATH (Mo/Day/Year) June 07, 2014		3a. COUNTY OF DEATH: Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 1283 Siesta Ct		3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home	
4. SEX Male		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 78		7b. UNDER 1 YEAR MOS: DAYS		7c. UNDER 1 DAY HOURS: MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 08, 1935		9a. STATE OF BIRTH (If not U.S.A. name country) Louisiana		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Ronnett M BIOT	
13. SOCIAL SECURITY NUMBER 0248		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Electrician		14b. KIND OF BUSINESS OR INDUSTRY Navy-oil Company	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1283 Siesta Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) John Reid KOONS	
17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Ruth Otoma MARSH		18a. INFORMANT - NAME (Type or Print) Ronnett M KOONS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1283 Siesta Ct Minden, Nevada 89423	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION - City or Town - State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moana Lane Reno NV 89509	
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) JONATHAN MCCALED MD 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) June 09, 2014		21c. HOUR OF DEATH 15:10		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jonathan McCaleb MD 5538 Longley Lane Ste. B Reno, NV 89511			
23b. LICENSE NUMBER: 14163		24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 12, 2014	
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).) PART I (a) Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Ischemic Heart Disease DUE TO, OR AS A CONSEQUENCE OF: (c) Coronary Artery Disease DUE TO, OR AS A CONSEQUENCE OF: (d) Atherosclerosis			
26. AUTOPSY: (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	
28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED:	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION: STREET OR R.F.D. No CITY OR TOWN STATE	

STATE REGISTRAR

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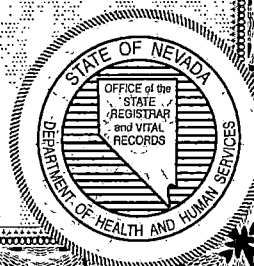
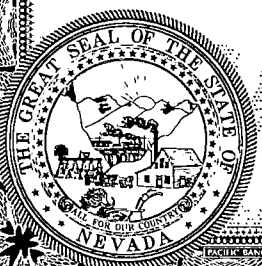
CERTIFIED COPY OF VITAL RECORDS

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: 06/12/2014

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