

APN: 1420-07-817-025

Grantee:
Ursula Schneeberger
916 Loyola Street
Carson City, NV 89705



KAREN ELLISON, RECORDER

When recorded return to:
WAYNE S. CHIMARUSTI, ESQ.
300 West Second Street
Carson City, NV 89703

THE UNDERSIGNED AFFIRMS THAT THIS DOCUMENT CONTAINS A SOCIAL SECURITY NUMBER DUE TO THE REQUIREMENTS OF NRS 440.380.

AFFIDAVIT OF DEATH OF JOINT TENANT
Decedent: FREDERICK G. ALLARD

The legal description contained in this document is taken from that certain Grant, Bargain and Sale Deed recorded on November 1, 2004, in the Official Records of the Douglas County Recorder, in Book 1101, at Page 00295, as Document Number 0628126.

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
CARSON CITY) ss.

I, URSULA E. SCHNEEBERGER, being first duly sworn under penalty of perjury, depose and say:

1. That I am the widow of FREDERICK G. ALLARD, and his surviving joint tenant pursuant to an instrument recorded in the Official Records of Douglas County, Nevada, on November 1, 2004, in Book 1101, at Page 00295, as Document Number 0628126.

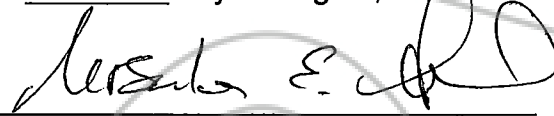
2. FREDERICK G. ALLARD died on December 7, 2014. A certified copy of his certificate of death is attached to this affidavit.

WAYNE S. CHIMARUSTI, ESQ.
300 West Second Street
Carson City, NV 89703
(775) 885-9066

2. The real property owned by FREDERICK G. ALLARD and me, as joint tenants on the date of his death, situate in the County of Douglas, commonly known as 916 Loyola Street, Assessor's Parcel Number 1420-07-817-025, is more particularly described as follows:

Lot 29 in Block C as Shown on the map of Impala Mobile Home Estates Unit No. 1, recorded May 11, 1978, in Book 578, Page 708, Document No. 20555, Official Records, Douglas County, Nevada.


WITNESSETH my hand this 17 day of August, 2015.



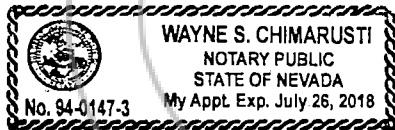
URSULA E. SCHNEEBERGER

STATE OF NEVADA)
 :
CARSON CITY) ss.

This instrument was acknowledged before me on the 17th day of August, 2015, by URSULA E. SCHNEEBERGER.



NOTARY PUBLIC



WAYNE S. CHIMARUSTI, ESQ.
300 West Second Street
Carson City, NV 89703
(775) 885-9066

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2014020495
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) Frederick G ALLARD		2. DATE OF DEATH (Mo/Day/Year) December 07, 2014		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and No.) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Male		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last birthday (Years) 64		7b. UNDER 1 YEAR MOS - DAYS		7c. UNDER 1 DAY HOURS - MINS	
8. DATE OF BIRTH (Mo/Day/Yr) July 28, 1950		9a. STATE OF BIRTH (If not U.S.A.) Saskatchewan		9b. CITIZEN OF WHAT COUNTRY Canada	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Ursula SCHUEEBERGER	
13. SOCIAL SECURITY NUMBER ██████████-4441		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Mechanic		14b. KIND OF BUSINESS OR INDUSTRY Owner	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 916 Lotola Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Frederick ALLARD	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) ORIOL		18a. INFORMANT - NAME (Type or Print) Ursula SCHUEEBERGER		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 916 Loyola Street Carson City Nevada 89705	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation/Burial		19b. CEMETERY OR CREMATORY - NAME La Paloma Reno		19c. LOCATION - City or Town - State Reno Nevada	
20a. FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting as Such) DUSTIN OLSON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 779		20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #63 Carson City NV 89706	
21a. To the best of my knowledge, death occurred at the time, date and place and due to SIGNATURE AUTHENTICATED KAMERON FERDOWSALI M.D.					
21b. DATE SIGNED (Mo/Day/Yr) December 10, 2014		21c. HOUR OF DEATH 12:40		22a. On the basis of examination and/or investigation, in my opinion, death occurred at the date and place and due to the cause(s) stated. (Signature & Title)	
22b. DATE SIGNED (Mo/Day/Yr)		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) Kameron Ferdowsali M.D. 1600 Medical Parkway Carson City, NV 89703			
23b. LICENSE NUMBER 12745		24a. REGISTRAR (Signature) RHONDA PENA SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 16, 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) Acute Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF: (c) Acute ST Elevation Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF: (d) Coronary Artery Disease			
Interval between onset and death Days		Interval between onset and death Days		Interval between onset and death Days	
Interval between onset and death Years		PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part 1. Anoxic Brain Injury			
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. AGC, 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	

Information Corrected, State Affidavit # 51170, 12/22/2014 - 9b.18a

STATE REGISTRAR

557951

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:

DEC 22 2014

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

STATE REGISTRAR

VRS-Rev-20120523a

