

APN: 1420-28-310-054



KAREN ELLISON, RECORDER

After Recording Mail to:

✓ Juanita Coyle
2887 Hot Springs Road
Minden, NV 89423

The undersigned affirms that this document **does** contain the social security number of any person, as required by NRS 440.380. (NRS 239B.030).

AFFIDAVIT OF DEATH OF COMMUNITY SPOUSE

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

JUANITA COYLE, being duly sworn, declares:

That Robert John Coyle, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Robert Coyle, named as one of the parties in the Corporation Grant Deed executed by Randall S. Harris, President, for H & S Construction, Inc. to Robert Coyle and Juanita Coyle, husband and wife, as community property with right of survivorship, and recorded as Instrument No. 0502793 on November 3, 2000, in Book 1100, Page 757 of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

Lot 10, in Block A, as set forth on the map of SARASOTA SPRINGS ESTATES UNIT NO. 4, filed for record in the Office of the Douglas County Recorder on May 19, 2000, in Book 0500, Page 4445, as Document No. 492337, Official Records.

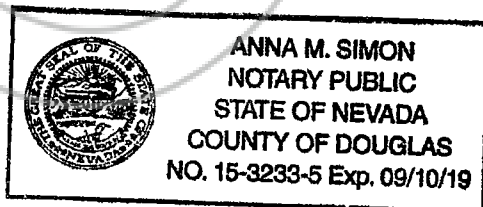
Per NRS 111.312, this legal description was previously recorded at Document No. 0502793, Book 1100, Page 757, on November 3, 2000.

Juanita Coyle

JUANITA COYLE

Subscribed and sworn to before me this 29th day of January, 2016.

[Seal]



[Signature]

NOTARY PUBLIC

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2015016325
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) Robert John COYLE		2. DATE OF DEATH (Mo/Day/Year) September 21, 2015		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 or 3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Carson Tahoe Regional Medical Center Inpatient		4. SEX Male	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 74	
9a. STATE OF BIRTH (If not U.S.A., Illinois)		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
13. SOCIAL SECURITY NUMBER 1268		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Training)		14b. KIND OF BUSINESS OR INDUSTRY Gas Company	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2887 Hot Springs Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		12. SURVIVING SPOUSE (Maiden name) Juanita HARPER	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Howard COYLE			17. MOTHER/PARENT - NAME (First Middle Last Suffix)		
18a. INFORMANT- NAME (Type or Print) Juanita COYLE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2887 Hot Springs Road Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Reno		19c. LOCATION City or Town State Reno Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 854		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 the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED KAMERON FERDOWSAI M.D.					
21b. DATE SIGNED (Mo/Day/Yr) September 23, 2015		21c. HOUR OF DEATH 11:35		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Kameron Ferdowsai M.D. 1600 Medical Parkway Carson City, NV 89703		23b. LICENSE NUMBER 12745		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) SHERRIE A CONNELL SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 24, 2015		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) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Septic Shock DUE TO, OR AS A CONSEQUENCE OF: (c) Aspiration Pneumonia DUE TO, OR AS A CONSEQUENCE OF: (d) Clostridium Difficile				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Small Bowel Obstruction				26. AUTOPSY (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.		28h. CITY OR TOWN STATE	

STATE REGISTRAR

3854099

597782

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: 9/24/2015

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

VRS-Rev-20120523a

