

DOUGLAS COUNTY, NV

2016-882034

Rec:\$18.00

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TICOR TITLE - GARDNERVILLE

KAREN ELLISON, RECORDER

APN # 1220-21-610-038
ORDER NO.: 01601996RLT

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

Recording Requested by and Return to:

Ticor Title of Nevada, Inc.
1483 Highway 395 N, Suite B

Gardnerville, NV 89410

Affidavit of Death / Spouse
(Title on Document)

By: _____
Print Name/Title:

Catherine Collier
Title Company

This page added to provide additional information required by NRS 111.312 Sections 1-2
(Additional recording fee applies).

A.P.N.1220-21-610-038

Recording Requested By:
Kathleen Glaser

When Recorded Mail To:
Kathleen Glaser

925 W. Sterling Place
Chandler, AZ 85225

AFFIDAVIT

**By Surviving Spouse Succeeding to Title to Community Property
With Right of Survivorship (Sections 111.064 and 111.365, Nevada Revised Statutes)
A CERTIFIED COPY OF DEATH CERTIFICATE MUST BE ATTACHED TO THIS AFFIDAVIT**

STATE OF NEVADA }
 } ss.
COUNTY OF Douglas }

Kathleen Glaser, of legal age, being duly sworn, deposes and says:

That John Glaser died on 4-15-2016 the decedent mentioned in the attached certified copies of Certificates of Death, he/she is the same person as John Glaser named as the party in that certain Grant, Bargain and Sale Deed dated November 4, 2011, executed by **Federal National Mortgage Association by Old Republic Title Company of Nevada a Nevada Corporation its attorney in fact** recorded on 11-10-11 as Document No. 792502, Official Records of Douglas County, Nevada covering the following described property situated in Douglas County, State of Nevada:

See attached legal description

That she/he was married to Kathleen Glaser at the time of death of decedent.

That no transfers of interest by either Kathleen Glaser, nor

John Glaser, have occurred in regards to the hereinabove described property estate.

That John Glaser did not execute a Will in conflict with the Right of Survivorship set forth in the above mentioned Deed.

Date: May 23, 2016

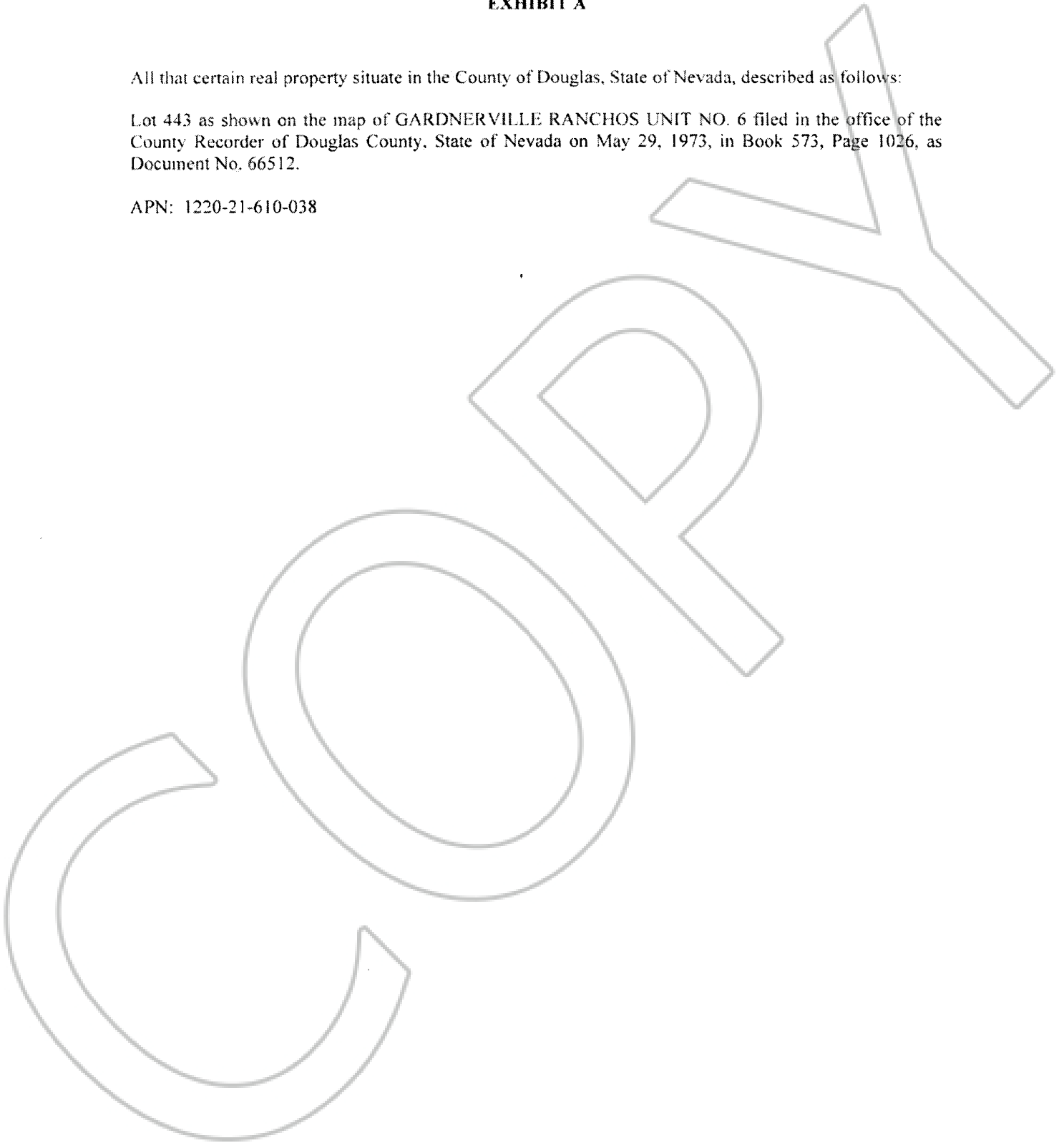
Order No.: 01601996-RLT

EXHIBIT A

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 443 as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 6 filed in the office of the County Recorder of Douglas County, State of Nevada on May 29, 1973, in Book 573, Page 1026, as Document No. 66512.

APN: 1220-21-610-038



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3889676

2016010008
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) John Carven GLASER		2. DATE OF DEATH (Mo/Day/Year) April 15, 2016		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and Carson Valley Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Emergency Room / Outpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday 67		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) June 24, 1948		9a. STATE OF BIRTH (If not US/CA, name country) Arizona		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Kathleen J MAKI	
13. SOCIAL SECURITY NUMBER 0636		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of IT		14b. KIND OF BUSINESS OR INDUSTRY Computer	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 757 Bluerock Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Raphael M GLASER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Evalyn K BOWEN		
18a. INFORMANT - NAME (Type or Print) Kathleen J GLASER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 757 Bluerock Rd Gardnerville, Nevada 89460			
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) TAMAR R ROBINSON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 870		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moana Lane Reno NV 89509	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) ERIC J SCHINZING SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) June 03, 2016		21c. HOUR OF DEATH 23:00		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) ERIC J SCHINZING SIGNATURE AUTHENTICATED	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr) June 03, 2016		22c. HOUR OF DEATH 23:00	
		22d. PRONOUNCED DEAD (Mo/Day/Yr) April 15, 2016		22e. PRONOUNCED DEAD AT (Hour) 23:00	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Eric J Schinzing P.O. Box 218 Minden, NV 89423				23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) SHERRIE A CONNELL SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 06, 2016		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) Natural-Cardiac Hypertensive Disease				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Cardiac-Arteriosclerotic Cardiovascular Disease				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) 				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) 				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I:				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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

VRS-Rev-20120523a



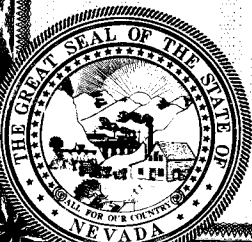
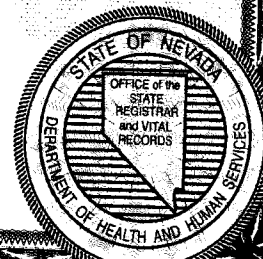
CERTIFIED COPY OF VITAL RECORDS

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: **JUN 07 2016**

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

Eric J Schinzing
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE