

APN: 0000-13-073-010

When Recorded, Mail to:

ROWE HALES YTURBIDE, LLP
1638 Esmeralda Ave.
Minden, NV 89423

Mail Tax Statements to:

KAREN L. REINHARDT
3590 SHAWNEE DR.
CARSON CITY, NV 89705



KAREN ELLISON, RECORDER

SPACE ABOVE RESERVED FOR RECORDER'S USE

AFFIDAVIT OF DEATH (NRS §111.365)

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

I, KAREN L. REINHARDT, do hereby swear under penalty of perjury that the following assertions are true to the best of my knowledge and belief:

1. I am over 18 years of age, am of sound mind, and if called to testify would competently testify to the following.

2. The real property commonly known as 3590 Shawnee Dr., Carson City, NV 89705 was conveyed to JAMES A. REINHARDT and KAREN L. REINHARDT, husband and wife as Joint Tenants in that certain Grant, Bargain, Sale Deed recorded as Document No. 229353 in Book 690 at Page 4728 of the Official Records in the Office of the County Recorder of Douglas County, in and for the State of Nevada. Said real property is located in the County of Douglas, State of Nevada, and is more particularly described as follows:

Lot 5 of VALLEY VIEW SUBDIVISION, as shown on the map thereof, filed in the office of the County Recorder of Douglas County, Nevada on November 12, 1958, under File No. 13793.

3. My husband, JAMES A. REINHARDT, died on August 14, 2016. A certified copy of his death certificate is attached hereto and incorporated herein by reference.

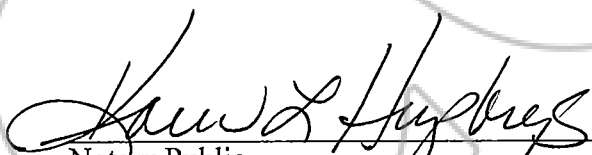
4. I am the surviving spouse, and beneficiary to whom the real property is conveyed upon the death of joint tenant, that is referred to in that certain Grant, Bargain, Sale Deed recorded as Document No. 229353 in Book 690 at Page 4728, of the Official Records in the Office of the County Recorder of Douglas County, State of Nevada.

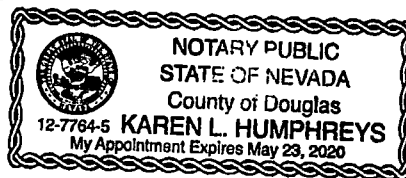
THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS for the purpose stated in NRS 111.365.

IN WITNESS WHEREOF, I have hereunto set my hand this 14 day of September, 2016.


KAREN L. REINHARDT

SUBSCRIBED and SWORN to before me this 14 day of September, 2016.


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

CASE FILE NO. 3909672

2016015133
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) James Alan REINHARDT			2. DATE OF DEATH (Mo/Day/Year) August 14, 2016		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 3590 Shawnee Dr.		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify). Home		4. SEX Male
	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 66	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) March 19, 1950
	9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 16	11. MARITAL STATUS (Specify) Married	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Karen BOPP	
DECEDENT	13. SOCIAL SECURITY NUMBER 7176		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Fire Chief		14b. KIND OF BUSINESS OR INDUSTRY Fire Department		15. Ever in US Armed Forces? No
	15a. RESIDENCE - STATE Nevada	15b. COUNTY Carson City	15c. CITY, TOWN OR LOCATION Carson City	15d. STREET AND NUMBER 3590 Shawnee Dr.			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Ray REINHARDT			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ruth BLUMENSCHIN			
PARENTS	18a. INFORMANT- NAME (Type or Print) Karen REINHARDT		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3590 Shawnee Dr. Carson City, Nevada 89705				
	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 FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV. 89410			
DISPOSITION	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) JORGE H PEREZ M.D. 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)			
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr) August 23, 2016		21c. HOUR OF DEATH 03:07		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):			22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jorge H Perez M.D. 1460 S Curry Street Carson City, NV. 89703					23b. LICENSE NUMBER 10108	
	24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 23, 2016		24c. DEATH DUE TO COMMUNICABLE DISEASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death
	PART I (a) Colon Cancer						Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
	(b) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:						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

000640319



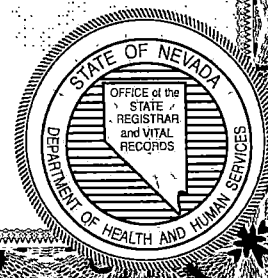
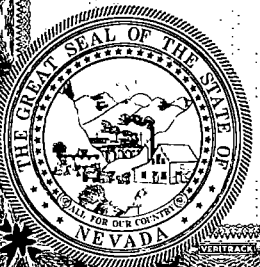
CERTIFIED COPY OF VITAL RECORDS

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: **8/25/2016**

Cody Thirney
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