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DOUGLAS COUNTY, NV Rec:\$16.00

2016-887564 09/14/2016 03:44 PM

Total:\$16.00

ROWE HALES YTURBIDE

Pgs=3

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.

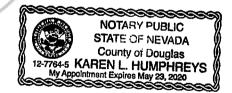
THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS for the purpose stated in NRS 111.365.

IN WITNESS WHEREOF, I have hereunto set my hand this 4 day of September, 2016.

KAREN L. REINHARDT

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

Notary Public





# DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

VITAL STATISTICS

### **CERTIFICATE OF DEATH**

35. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street at 3s.4 Floor, or trat, produced DOA OP/Emer, Rm., Institution of trat					STATE FILE NUMBER
B. CITY, TOWN, OR LOCATION OF DEATH   Sc. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give streat all south Holders of DAC OPERMER Rm.   4			INLADOT		17 or Print and Control of Village Control
Carson City    S. Hispanic Organ? Speedy   7a. AGE Just brinding 7b. UNDER 174AR 7c. UNDER 175AY 8b. DATE OF BIRTH (if not USICA. IN No. Non-Hispanic Vivient)   6b. Hispanic Organ? Speedy   7a. AGE Just brinding 7b. UNDER 176AY 8b. DATE OF BIRTH (if not USICA. IN No. Non-Hispanic Vivient)   6b. Hispanic Organ? Speedy   7a. AGE Just brinding 7b. UNDER 176AY 8b. DATE OF BIRTH (if not USICA. IN No. Non-Hispanic Vivient)   6b. Hispanic Organ? Hispanic Vivient)   6b. Hispanic Vi					Carson City
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L SCGIAL SECURITY AUMBER  148. USUAL OCCUPATION (Give Kind of Week Does During Most of Fire Department Fire Department Fire Design South Fire Department Fire		ida   United States	16		
Sea RESIDENCE - STATE   15b. COUNTY   15b. CITY, TOWN OR LOCATION   15d. STREET AND NUMBER   15s. INSI   15th No.   15th			d of Work Done During Most of	14b. KIND OF BUSINESS OR	INDUSTRY. Ever in US Arme
Nevada Carson City Carson City 3590 Shawnee Dr.					ment Forces? No
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Ray REINHARDT    Isb. MAILING ADDRESS   Street or R.F.D. No. City or Town, State, Zip)   State, Zip, Zip, Zip, Zip, Zip, Zip, Zip, Zip					
18b. MAILING ADDRESS   (Street or R.F.D. No; City or Town, State; Zip)   3590 Shawnee Dr. Carson City, Nevada 89705   3590 Shawnee Dr. Carson City, Shawnee Dr.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	17: MOTHER		
Karen REINHARDT  3590 Shawnee Dr. Carson City, Nevada 89705  38. BURIAL CREMATION, REMOVAL OTHER (Specify) 196. CEMETERY OR CREMATORY - NAME  196. LOCATION City or Town Star Cremation; Ceremation; Carson City Nevada 8970  39. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)  10. FUNERAL DIRECTOR - SIGNATURE AUTHENTICATED  10. FUNERAL DIRECTOR - SIGNATURE AUTHENTICATED  10. DORGE H PEREZ M.D.  10. SIGNATURE AUTHENTICATED  10. SIGNATURE AUTHENTICATED  10. DORGE H PEREZ M.D.  10. SIGNATURE AUTHENTICATED  10. SIGNATU			All ING ADDRESS (Street or		
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Das Funeral Director - Signature (or Person Acting as Such) TAMAR R ROBINSON SIGNATURE AUTHENTICATED  20b. FUNERAL DIRECTOF   20c. NAME AND ADDRESS OF FACILITY TAMAR R ROBINSON SIGNATURE AUTHENTICATED  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  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  21b. DATE SIGNED (Mo/Day/Yr) 21c. HOUR OF DEATH August 23, 2016  21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  22a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  22b. DATE SIGNED (Mo/Day/Yr) 22c. PRONOUNCED DEAD (Mo/Day/Yr) 22d.	RIAL, CREMATION, REMOVA	REMOVAL, OTHER (Specify) 19b. CEMETERY	OR CREMATORY - NAME	# # # # # # # # # # # # # # # # # # #	76. 37
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DORGE H PEREZ M.D.  21b. DATE SIGNED (MorDay/Yr)  August 23, 2016  22c. HOUR OF DEATH  August 23, 2016  22d. PRONOUNCED DEAD (MorDay/Yr)  3a. 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  4a. REGISTRAR (Signature)  VERALYNN A BOYACK  SIGNATURE AUTHENTICATED  (MorDay/Yr)  August 23, 2016  22d. PRONOUNCED DEAD (MorDay/Yr)  22d. DATE RECEIVED BY REGISTRAR  (MorDay/Yr)  August 23, 2016  YES NO X  Interval between one  (e)  DUE TO, OR AS A CONSEQUENCE OF:  Interval between one  (d)  PARTI II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the undertying cause given in Part 1.  22d. PRONOUNCED DEAD (MorDay/Yr)  22d. PRONOUNCED DEAD (MorDay/Yr)  22d. PRONOUNCED DEAD (MorDay/Yr)  22d. DATE RECEIVED BY REGISTRAR  (MorDay/Yr)  August 23, 2016  YES NO X  Interval between one  (d)  PARTI II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the undertying cause given in Part 1.  24e. DATE RECEIVED BY REGISTRAR  (MorDay/Yr)  August 23, 2016  Interval between one  (d)  PARTI II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the undertying cause given in Part 1.  25e. AUTOPSY (Special Special S	21a. To the best of my knowled	y knowledge, death occurred at the time, date and	place and due 📗 22a. On	the basis of examination and/or investig	ation, in my opinion death occurred
21b. DATE SIGNED (Mo/Day/Yr) August 23, 2016  21c. HOUR OF DEATH O3:07  22d. PRONOUNCED DEAD (Mo/Day/Yr)  22d. DATE SIGNED (Mo/Day/Yr)  22d. PRONOUNCED DEAD (Mo/Day/Yr)  22d. DATE SIGNED (Mo/Day/Yr)  22d. PRONOUNCED DEAD (Mo/Day/Yr)  22d. DATE SIGNED (Mo/Day/Yr)  22d. PRONOUNCED DEAD (Mo/Day/Yr)  22d. DATE SIGNED (Mo/D	to the cause(s) stated (Signatu	d (Signature & Title) SIGNATURE AUTH	ENTICATED 2 at the time		
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Jorge H Perez M.D. 1460 S Curry Street Carson City, NV 89703  4a. REGISTRAR (Signature)  VERALYNN A BOYACK SIGNATURE AUTHENTICATED  24b. DATE RECEIVED BY REGISTRAR  24c. DEATH DUE TO COMMUNICAB (Mo/Day/Yr). August 23, 2016  YES NO. X  Interval between one  Colon Cancer  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  Interval between one  Oue TO, OR AS A CONSEQUENCE OF:  Interval between one  Interval between one  Interval between one  Oue TO, OR AS A CONSEQUENCE OF:  Interval between one  Interval betwee	(Type or Print):		R 65 22d.P		22e. PRONOUNCED DEAD AT (Hou
AB. REGISTRAR (Signature)  VERALYNN A BOYACK SIGNATURE AUTHENTICATED  SIGNATURE TO COMMUNICAB  AUGUST 23, 2016  SIGNATURE TO COMMUNICAB  SIGNATURE AUTHENTICATED  SIGNATURE	ME AND ADDRESS OF CER	OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, ATTEND	SICIAN, MEDICAL EXAMINER, Street Carson City, NV	OR CORONER) (Type or Print)  ' 89703	23b. LICENSE NUMBER 10108
SIGNATURE AUTHENTICATED  August 25, 2010  Interval between one  Colon Cancer  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  Interval between one  (a)  DUE TO, OR AS A CONSEQUENCE OF:  Interval between one  (b)  DUE TO, OR AS A CONSEQUENCE OF:  Interval between one  (c)  DUE TO, OR AS A CONSEQUENCE OF:  Interval between one  (d)  PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  26. AUTOPSY (Specil REFERRET (Specil Present) Yes or No.)  No.			24b. DATE RECE	IVED BY REGISTRAR 24c. D	EATH DUE TO COMMUNICABLE DISEA
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289. ACC, SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) 286. DATE OF INJURY (Mo/Day/Yr) 28c. HOUR OF INJURY 28d. DESCRIBE HOW INJURY OCCURRED					
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	ionto mireot Topodiy)		1		
28e. INJURY AT WORK (Specify 28f. PLACE OF INJURY- At home, farm, street, factory, office 28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN	LIURY AT WORK (Specify: DF	pecify: 28f, PLACE OF INJURY- At home, farm, st	reet, factory, office   28g. LOC/	ATION STREET OR R.F.D. No	. CITY OR TOWN STAT
Yes or No) puilding, etc. (Specify)				<u>ah sahis — se</u>	<u> 1811 - Maria II., ann an an</u>



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

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

