

APN# 1220-12-210-014



KAREN ELLISON, RECORDER

**Recording Requested by/Mail to:**

Name: Kathleen Slaughter

Address: 1879 CROCKETT LN

City/State/Zip: Gardnerville, NV, 89410

**Mail Tax Statements to:**

Name: Same

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Affidavit of Death of Joint Tenant

**Title of Document** (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Kathleen M. Slaughter  
Signature

Kathleen M. Slaughter  
Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_  
\_\_\_\_\_

Affidavit of Death of Joint Tenant

STATE OF Nevada  
COUNTY OF Douglas

I, Kathleen Slaughter residing at 1879 CROCKETT LN,  
Gardnerville, No. 89410, being of legal age, depose and say that:

That Terry S. Slaughter, husband,

\_\_\_\_\_ died on MARCH 22 2016 as  
evidence by a certified copy of that Certificate of Death, attached hereto;

That I am the successor to the estate of the descendant and to the descendants interest in funds held by various institutions and no other person has a superior right to the interest of the decedents in the described property;

That no proceeding is being or has been conducted in Nevada for administration of the descendant's estate.

Oath of Affirmation:

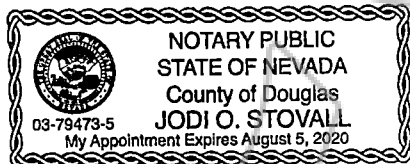
I certify under penalty of perjury under Nevada law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

Kathleen M. Slaughter  
Kathleen M. Slaughter  
9-20-16 Date

STATE OF Nevada, COUNTY OF Douglas, ss:

Jodi O. Stovall  
Notary Public

NOTARY PUBLIC  
Title (and Rank)



My commission expires 8/5/20

**EXHIBIT "A"**

**LEGAL DESCRIPTION**

ESCROW NO.: 060100967

The land referred to herein is situated in the State of Nevada, County of Douglas described as follows:

Parcel 3-B as set forth on Parcel Map LDA 98-080 for Alton A. & Susan L. Anker and Harry and Billie Tedsen, filed for Record in the Office of the Douglas County Recorder April 14, 1999, in Book 499, Page 2745, as Document No. 465698 of Official Records.

APN 1220-12-210-016

**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. 3885205

2016005116  
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) <b>Terry Spear</b>		1b. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>SLAUGHTER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 22, 2016</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not ether, give street and <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Intensive Care Unit (ICU)</b>		4. SEX <b>Male</b>	
5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>69</b>		7b. UNDER 1 YEAR MOS DAYS	
9a. STATE OF BIRTH (if not US/CA, name country) <b>Maryland</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>15</b>		11. MARITAL STATUS (Specify) <b>Married</b>	
13. SOCIAL SECURITY NUMBER <b>-5573</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Sales Rep</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Industrial Piping</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>December 28, 1946</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>		15d. STREET AND NUMBER <b>1879 Crockett Lane</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Joseph Eugene SLAUGHTER</b>				17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Lucille HAMILTON</b>			
18a. INFORMANT - NAME (Type or Print) <b>Kathleen SLAUGHTER</b>				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1879 Crockett Lane Carson City, Nevada 89701</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>				19b. CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>		19c. LOCATION City or Town State <b>Sparks Nevada 89431</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b>				20b. FUNERAL DIRECTOR LICENSE NUMBER <b>304R</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations 1575 N Lompa Ln Carson City NV 89701</b>	
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) <b>AMANDA M GRIFFITH DO</b>				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)			
21b. DATE SIGNED (Mo/Day/Yr) <b>March 24, 2016</b>				21c. HOUR OF DEATH <b>15:24</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Amanda M Griffith DO 1600 Medical Pkwy Carson City, NV 89703</b>						23b. LICENSE NUMBER <b>DO1685</b>	
24a. REGISTRAR (Signature) <b>RHONDA PENA</b>				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 24, 2016</b>		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) <b>Cardiopulmonary Arrest</b>							
DUE TO, OR AS A CONSEQUENCE OF:							
(b) <b>Acute Respiratory Failure</b>							
DUE TO, OR AS A CONSEQUENCE OF:							
(c) <b>Cerebrovascular Accident</b>							
DUE TO, OR AS A CONSEQUENCE OF:							
(d) <b>Aspiration Pneumonia</b>							
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Acute Renal Failure Unknown Etiology</b>						26. AUTOPSY (Specify Yes or No) <b>No</b>	
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		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	

STATE REGISTRAR

VRS-Rev-20120523a

621684

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:

3/31/2016

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

*Cody A. Phinney*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE