

16-

APN# 1420-07-818-035



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: WALLACE REED

Address: 973 LEHIGH CIR

City/State/Zip CARSONS CITY NV

Mail Tax Statements to:

Name: WALLACE REED

Address: 973 LEHIGH CIR

City/State/Zip CARSONS CITY NV

DEATH OF GRANTOR AFFIDAVIT

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)

Signature

Printed Name

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

DEATH OF GRANTOR AFFIDAVIT

Wallace Reed (here insert name of affiant), being duly sworn, deposes and says that KATHLEEN A REED (here insert name of deceased), the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as AUBREY W. SORRELL * (here insert name of grantor), named as the grantor or as one of the grantors in the deed upon death recorded on Dec 12 1990 (date), as document or file number 240927, book 1290, at page 1551, records of Douglas County, Nevada, covering the real property commonly known as 973 Leigh Cir, City of Carson City, County of Douglas, State of Nevada, or located in the County of Douglas, State of Nevada, and more particularly described as:

Lot 9 Block B of IMPALA MOBIL HOME ESTATES
UNIT Two DAC# 66654

(Legal Description)

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING DOES NOT CONTAIN A SOCIAL SECURITY NUMBER.

MARCH 13 2017 (Date)

Wallace Reed (Signature)
WALLACE REED

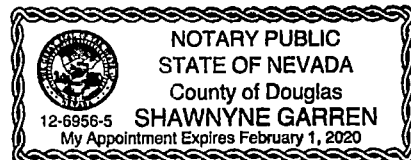
State of Nevada }
County of Douglas }ss.

Subscribed and sworn to on this 13th day of March, in the year 2017, before me, Shawnyne Garren (here insert name of notary public), by Wallace Reed (here insert name of principal).

Shawnyne Garren (Signature of Notary Public)

NOTARY SEAL

* MARY LEE SORRELL to
WALLACE REED & KATHLEEN A REED



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3917889

CERTIFICATE OF DEATH

2016017975
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Kathleen Antrim REED		2. DATE OF DEATH (Mo/Day/Year) October 01, 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 and Inpatient)(Specify) 973 Lehig Circle Home		4. SEX Female	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 77	
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) March 17, 1939	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Wallace REED			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-2441		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Teachers Aid		14b. KIND OF BUSINESS OR INDUSTRY Education-high School	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
DISPOSITION	15d. STREET AND NUMBER 973 Lehig Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? No	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Richard PIEPENBURG			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Margaret ALLENBY		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) Wallace REED		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 973 Lehig Circle Carson City, Nevada 89705			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DARREN K HILL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 848		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703	
	TRADE CALL - NAME AND ADDRESS					
REGISTERAR	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 NITA SCHWARTZ M.D.		21b. DATE SIGNED (Mo/Day/Yr) October 05, 2016		21c. HOUR OF DEATH 08:45	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 05, 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) Colon Cancer With Metastasis						
DUE TO, OR AS A CONSEQUENCE OF:						
(b) DUE TO, OR AS A CONSEQUENCE OF:						
(c) DUE TO, OR AS A CONSEQUENCE OF:						
(d) DUE TO, OR AS A CONSEQUENCE OF:						
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.						
26. ACC., SUICIDE, HOMICIDE, UNDET OR PENDING INVEST (Specify)				26. AUTOPSY (Specify Yes or No) No		
27. DATE OF INJURY (Mo/Day/Yr)		27. HOUR OF INJURY		27. DESCRIBE HOW INJURY OCCURRED		
28a. INJURY AT WORK (Specify Yes or No)		28b. 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

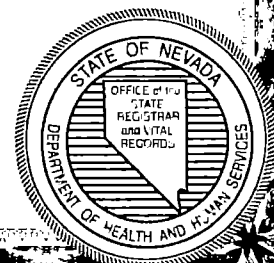
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

10/5/2016

DATE ISSUED:

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

Vodyl Perry
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE