

APN#: 1220-04-515-004

Recording Requested By:

Western Title Company

When Recorded Mail To:

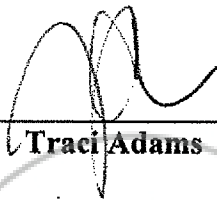
Kristine Latragna

1361 Cathy Lane

Minden, NV 89423

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature



Traci Adams

Escrow Officer

Affidavit of Death

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT of DEATH

Kristine Latragna, Executrix, of legal age, being first duly sworn, deposes and says:

That Helen Lyda Butlena, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Helen Lyda Butlena named as one of the parties in that certain Quit Claimi Deed dated 11/3/1981 executed by Ardell A. Bultena to Heien L. Bultena, his wife, as her sole and separate property, recorded as instrument No. 61698, on 11/3/1991, in Book 1181, Page 120, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

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

Lot 44, of Final Map of CARSON VALLEY ESTATES SUBDIVISION UNIT NO. 3, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on September 15, 1971, in Book 2 of Maps, Page 257, as Document No. 54454.

Dated June 5, 2017

The Estate of Helen Lyda Bultena

Kristine Latragna
Kristine Latragna, Executrix

STATE OF NEVADA

COUNTY OF

Douglas

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This instrument was acknowledged before me on

JUNE 5, 2017

by Kristine Latragna

[Signature]
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

STATE FILE NUMBER
2015014509

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) Helen L BULTENA		2. DATE OF DEATH (Mo/Day/Year) August 19, 2015		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street or No. if Hosp. or Inst. indicate DOA, OPEmer. Rm. Inpatient/Specify) Renown Regional Medical Center		4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 79	
8a. STATE OF BIRTH (if not U.S.A.) Pennsylvania		8b. CITIZEN OF WHAT COUNTRY United States		8. DATE OF BIRTH (Mo/Day/Yr) October 01, 1935	
13. SOCIAL SECURITY NUMBER 5015		10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Electronics Manufacturing		12. SURVIVING SPOUSE (Maiden name) Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1374 Kittyhawk Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
18. FATHER/PARENT - NAME (First Middle Last Suffix) Charles M McDONALD			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Essie L MCCUEAN		
18a. INFORMANT - NAME (Type or Print) Kristine LATRANGA		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1361 Cathy Ln. Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenrys Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) JAMES SMOLENSKI		20b. FUNERAL DIRECTOR LICENSE NUMBER 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
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) PATRICK A. WOODARD MD			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) August 24, 2015		21c. HOUR OF DEATH 07:25		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				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) PATRICK A. WOODARD MD 1155 Mill St Reno, NV				23b. LICENSE NUMBER 15184	
24a. REGISTRAR (Signature) BRIDGES SANDI		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 26, 2015		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) Acute Respiratory Failure				Interval between onset and death	
(b) Healthcare Associated Pneumonia				Interval between onset and death	
(c) Unknown Organism				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. Chronic Obstructive Pulmonary Disease					
28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
				9999	
28d. DESCRIBE HOW INJURY OCCURRED		28e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	
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

3048957

592553 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: **SEP 01 2015**

RudWhan
STATE REGISTRAR

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

