

APN#: 1220-16-610-108

**Recording Requested By:**

Western Title Company

**When Recorded Mail To:**

Christina A. Reger

1303 S. Riverview Dr.

Gardnerville, NV

89460

**Mail Tax Statements to: (deeds only)**

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

(space above for Recorder's use only)

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 \_\_\_\_\_

Anu Jansse

Escrow Officer

This document is being recorded as an accommodation only.

**Affidavit Death of Joint Tenant**

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

**AFFIDAVIT - DEATH OF JOINT TENANT**

Christina A. Reger, of legal age, being first duly sworn, deposes and says:

That Bryan T. Reger, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Bryan T. Reger named as one of the parties in that certain Grant, Bargain and Sale Deed dated 1/21/2013 executed by John Daniel Cowan and Carol Kay Gaidis, Husband and Wife who acquired title as John Daniel Cowan, an unmarried man and Carol Kay Gaidis, an unmarried woman, as joint tenants with right of survivorship to Bryan T. Reger and Christina A. Reger, Husband and Wife as Joint Tenants as joint tenants, recorded as instrument No. 817371, on 1/31/2013, in Book 113, Page 9438, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

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

Lot 127, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 2, filed in the office of the County Recorder of Douglas County, State of Nevada, on June 1, 1965, in Book 31, Page 686, as Document No. 28309, and Amended Title Sheet recorded on June 4, 1965, in Book 31, Page 797, as Document No. 28377.

Dated 6/26/17

Christina A. Reger  
Christina A. Reger, Surviving Joint Tenant

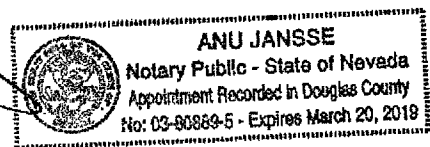
STATE OF NEVADA } SS

COUNTY OF Douglas

This instrument was acknowledged before me on 6/26/17

by Christina A. Reger.

Anu Jansse  
Notary Public



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 3946212

**CERTIFICATE OF DEATH**

2017006199  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF REVERSE 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>Bryan Thomas REGER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 24, 2017</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street or 3a. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Emergency Room / Outpatient <b>Residence</b>		4. SEX <b>Male</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>38</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Christina Ann SMITH</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>December 22, 1978</b>	
13. SOCIAL SECURITY NUMBER <b>-3887</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Journeyman Lineman</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Powerline</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>1303 S. Riverside Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Arthur Frank REGER</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Kristine Ann MEADE</b>		
18a. INFORMANT - NAME (Type or Print) <b>Christina Ann REGER</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1303 S. Riverview Dr. Gardnerville, Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TAMAR R ROBINSON</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>670</b>		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410</b>	
TRADE CALL - NAME AND ADDRESS					
21a. To be Completed by CERTIFYING PHYSICIAN 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)			22a. To be Completed by CORONER'S OFFICE 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)		21c. HOUR OF DEATH		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 AT (Hour)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <b>Deputy Bernadette J Smith P.O. Box 218 Minden, NV 89423</b>				23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 05, 2017</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).)		Interval between onset and death			
PART I (b) <b>Acute Ventricular Arrest</b>		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) <b>Coronary Heart Disease</b>		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) <b></b>		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(d) <b></b>		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
28a. ACC., SUICIDE, HON., 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

000668156



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:

4/7/2017

*Cody J. Kinney*  
SIGNATURE AUTHENTICATED  
STATE REGISTRAR

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

