

DOUGLAS COUNTY, NV

2017-903939

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\$15.00

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09/13/2017 08:14 AM

READY LEGAL SUPPORT, INC.

KAREN ELLISON, RECORDER

RECORDING REQUESTED BY:

Betty L. Wagner

Mail tax statements to:
RIDGE TAHOE PROP OWNERS ASSN
C/O RESORTS WEST
PO BOX 5790
STATELINE, NV 89449

RETURN TO:
LT Transfers
4513 Highway 129N
Cleveland, GA 30528

APN: 1319-30-723-005

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

Betty L. Wagner of legal age, being first duly sworn, deposes and says:
That **Robert John Wagner** is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person who is named as one of the parties in that certain deed executed by **Harich Tahoe Developments**, a Nevada General Partnership to **Robert J. Wagner and Betty L. Wagner, Husband and Wife as Joint Tenants with Right of Survivorship**, recorded on **September 5, 1986**, as Instrument No. **140494**, Book **986**, Page **727**, Official Records of Douglas County, Nevada, covering the following described property located in Douglas County, Nevada:

"SEE ATTACHED EXHIBIT "A"

Property Address: 400 Ridge Club Dr, Stateline, NV 89449

Dated: 8/28/2017 *Betty L. Wagner*
Betty L. Wagner, Affiant

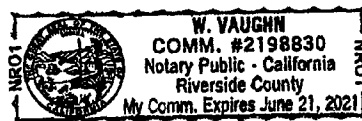
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA
COUNTY OF Riverside

Subscribed and sworn to (or affirmed) before me on this 28 day of August, 2017, by **Betty L. Wagner**, proved to me on this basis of satisfactory evidence to be the person(s) who appeared before me.

W. Vaughn
Notary Public Signature

W. Vaughn
Notary Printed Name
My Commission Expires: 6/21/2021



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF HEALTH - VITAL STATISTICS

CERTIFICATE OF DEATH 2015016597
 STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

POSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

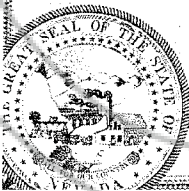
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Robert John WAGNER		2. DATE OF DEATH (Mo/Day/Year) September 24, 2015		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Mesquite		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and apt. No.) 792 Southridge		3e. If Hosp. or inst. indicate DOA, OP/Emr. Rm. Inpatient (Specify) Home	
4. SEX Male		5. RACE White		6. Hispanic Origin? Specify (No - Non-Hispanic)	
7a. AGE-Last birthday (Years) 89		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) March 30, 1926		9a. STATE OF BIRTH (If not U.S.A.) Illinois		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Betty Louise CARLSON	
13. SOCIAL SECURITY NUMBER 0030		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) It System Analyst		14b. KIND OF BUSINESS OR INDUSTRY Government	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Mesquite	
15d. STREET AND NUMBER 792 Southridge		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Walter Leopold WAGNER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Luella Marie VAN OEYEN		
18a. INFORMANT - NAME (Type or Print) Betty WAGNER		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 792 Southridge Mesquite, Nevada 89027			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Cremation		19b. CEMETERY OR CREMATORY - NAME Metcalf Mortuary		19c. LOCATION City or Town State Saint George Utah 84770	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BRIAN REBMAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 49		20c. NAME AND ADDRESS OF FACILITY Moapa Valley Mortuary 5090 N Moapa Valley Blvd Logandale NV 89021	
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) SAMUEL ANDELIN MD SIGNATURE AUTHENTICATED			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) September 25, 2015		21c. HOUR OF DEATH 16:38		22b. DATE SIGNED (Mo/Day/Yr)	
21d. 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) SAMUEL ANDELIN MD 1301 Bertha Howe Ave Ste 1 Mesquite, NV 89027				23b. LICENSE NUMBER 15119	
24a. REGISTRAR (Signature) LIZ MUNFORD SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 29, 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).) End Stage Chronic Obstructive Pulmonary Disease				Interval between onset and death	
(a) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				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 1.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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	

STATE REGISTRAR



VR3-Rev-20120523a



"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: **SEP 29 2015**

Registrar of Vital Statistics
 By: *Liz Munford*

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
 SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573

