

APN# : 1419-26-610-026

Recording Requested By:
eTRCo, LLC.

When Recorded Mail To:
Susan F. Slaughter
P.O. Box 1201
Genoa, NV
89411

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

Susan F. Slaughter

Susan F. Slaughter

Surviving Joint Tenant

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

Susan F. Slaughter, of legal age, being first duly sworn, deposes and says:

That Robert M. Slaughter, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Robert M. Slaughter named as one of the parties in that certain Grant, Bargain and Sale Deed dated 9/11/2013 executed by Dirk E. Jansse and Eileen M. Jansse, Trustees of The Jansse Family Trust, dated August 23, 2000 to Robert M. Slaughter and Susan F. Slaughter, Husband and Wife as Joint Tenants, recorded as instrument No. 830473, on 9/12/2013, in Book 913, Page 2534, 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:

See Exhibit A

Dated 10/17/17

Susan F. Slaughter
Susan F. Slaughter, Surviving Joint Tenant

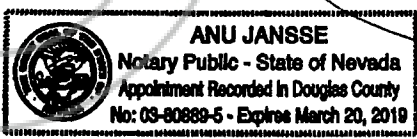
STATE OF NEVADA }SS

COUNTY OF Douglas

This instrument was acknowledged before me on 10/17/17

by Susan F. Slaughter.

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

CERTIFICATE OF DEATH

2017015315

CASE FILE NO. 3970791

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Robert Michael SLAUGHTER		2. DATE OF DEATH (Mo/Day/Year) August 02, 2017		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 address) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. (Indicate Specify) Emergency Room / Outpatient	
DECEDENT	4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 70		7b. UNDER 1 YEAR MOS: _____ DAYS: _____ HOURS: _____ MINS: _____		7c. UNDER 1 DAY HOURS: _____ MINS: _____	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) October 17, 1946		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 16		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Susan Fern PLATT	
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-1055		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Sales Director		14b. KIND OF BUSINESS OR INDUSTRY Beverages	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Genoa	
DISPOSITION	15d. STREET AND NUMBER 2906 Promontory Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Sam Curtis SLAUGHTER	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lillian Ann STEIN		18a. INFORMANT- NAME (Type or Print) Susan Fern SLAUGHTER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2906 Promontory Dr. Genoa, Nevada 89411	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY Fitzhenry's Funeral Home 3845 Fairview Dr Carson City NV 89701	
CERTIFIER	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) RUTH RHINES SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) August 16, 2017		21c. HOUR OF DEATH 15:10	
REGISTRAR	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) RUTH RHINES SIGNATURE AUTHENTICATED		22b. DATE SIGNED (Mo/Day/Yr) August 16, 2017	
	22c. PRONOUNCED DEAD (Mo/Day/Yr) August 02, 2017		22d. PRONOUNCED DEAD AT (Hour) 15:10		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Ruth Rhines 911 E Musser St. Carson City, NV. 89701	
CAUSE OF DEATH	23b. LICENSE NUMBER 9307		24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 17, 2017	
	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) Probable Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF: (b) Hypertension DUE TO, OR AS A CONSEQUENCE OF: (c) Cause Otherwise Unknown DUE TO, OR AS A CONSEQUENCE OF: (d) _____			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	26a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
	26d. DESCRIBE HOW INJURY OCCURRED		26e. INJURY AT WORK (Specify Yes or No)			
26f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		26g. LOCATION		26h. STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR

000685290



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:

8/18/2017

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

[Signature]
SIGNATURE AUTHENTICATED

