

APN: 1220-16-210-198

RECORDING REQUESTED BY:

Virginia E. Hogrefe
1203 Kingston Way
Gardnerville, NV 89460

AFTER RECORDATION, RETURN BY MAIL TO:

Virginia E. Hogrefe
1203 Kingston Way
Gardnerville, NV 89460



KAREN ELLISON, RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss:
COUNTY OF DOUGLAS)

Virginia E. Hogrefe, being 18 years or over, being first duly sworn, deposes and says:

The decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Richard E. Hogrefe named as one of the parties in that certain Grant, Bargain and Sale Deed dated July 20, 2004, executed by Darr Construction, LLC, a Nevada limited liability company, to Richard E. Hogrefe and Virginia E. Hogrefe (surviving tenant), as community property, and recorded on August 13, 2004, in Book 0804, at Page 05544, Document No. 0621395 of Official Records of Douglas County, State of Nevada, covering the following described real property in said County, State of Nevada:

Lot 10, Block G, as said lot and block are shown on the amended map of RANCHOS ESTATES, filed in the office of the County Recorder of Douglas County, State of Nevada, on October 30, 1972, as Document No. 62493.

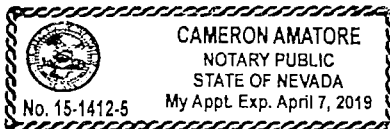
Dated: 10/25/2017

Virginia E Hogrefe
Virginia E. Hogrefe

State of Nevada)
) ss.
County of Douglas)

Subscribed and sworn to (or affirmed) before me on this 25 day of October, 2017, by Virginia E. Hogrefe, proved to me on the basis of satisfactory evidence to be the person who appears before me.

Cameron Amatore
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. 3978784

CERTIFICATE OF DEATH

2017017814
STATE FILE NUMBER

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) Richard Eugene HOGREFE		2. DATE OF DEATH (Mo/Day/Year) September 18, 2017		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) Gardnerville Health & Rehab		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Nursing Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 74	
9a. STATE OF BIRTH (If not US/CA, name country) Iowa		9b. CITIZEN OF WHAT COUNTRY Kiribati		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Virginia BLESSING		8. DATE OF BIRTH (Mo/Day/Yr) March 30, 1943	
13. SOCIAL SECURITY NUMBER 6130		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Programmer		14b. KIND OF BUSINESS OR INDUSTRY Computer	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1203 Kingston Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		4. SEX Male	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Harold HOGREFE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Helen ZWEMKE		
18a. INFORMANT - NAME (Type or Print) Virginia HOGREFE			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1203 Kingston Way Gardnerville, Nevada 89460		
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	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DARREN K HILL		20b. FUNERAL DIRECTOR LICENSE NUMBER FD884		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations, 1521 Church Street Gardnerville NV 89410	
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) JOSE AGUIRRE 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) September 22, 2017		21c. HOUR OF DEATH 14:35		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) Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703			
23b. LICENSE NUMBER 11479		24a. REGISTRAR (Signature) BLAISE SATARIANO			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 25, 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				Interval between onset and death	
(a) Cardiopulmonary Arrest				Interval between onset and death	
(b) Dementia				Interval between onset and death	
(c) Acute Kidney Injury				Interval between onset and death	
(d) Hypernatremia				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. Hypertension; Unknown Etiology				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

000692438



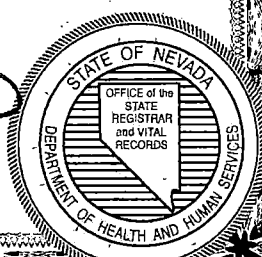
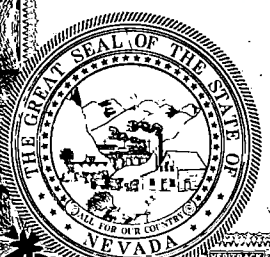
CERTIFIED COPY OF VITAL RECORDS

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: **OCT 10 2017**

[Signature]
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE