

APN# : 1420-32-002-020

Recording Requested By:

Western Title Company

When Recorded Mail To:

Susan Stugart

P.O. Box 282

Minden, NV 89423

(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

Wendy Dunbar

Escrow Officer

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 L. Stugart, of legal age, being first duly sworn, deposes and says:

That William Lee Stugart, Jr., the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as William Lee Stugart, Jr. named as one of the parties in that certain Deed dated 09/27/1996 executed by Wendell Quillen and Suzy Quillen, husband and wife to William Lee Stugart, Jr. and Susan L. Stugart, husband and wife as joint tenants, recorded as instrument No. 397834, on 10/02/1996, in Book 1096, Page 0275, 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:

Parcel 3-A as shown on that certain Parcel Map of Joe F. and Suzanne Schulz, filed for record in the office of the County Recorder, State of Nevada on December 20, 1988, in Book 1288, at Page 2752 as File No. 192990, Official Records of Douglas County, Nevada.

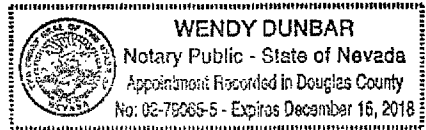
Dated 11-14-17

Susan L. Stugart
Susan L. Stugart

STATE OF NEVADA }SS
COUNTY OF Douglas

This instrument was acknowledged before me on 11-14-17
by Susan L. Stugart

Wendy Dunbar
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

2015018645

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) William Lee STUGART JR			2. DATE OF DEATH (Mo/Day/Year) October 26, 2015			3a. COUNTY OF DEATH Douglas										
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden			3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Inpatient)(Specify) 1000 Johnson Lane Home			3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. 4. SEX Male										
DECEDENT	5. RACE: White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 57		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) October 30, 1957						
	9a. STATE OF BIRTH (if not U.S.A.) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Susan CLIFF								
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER ██████████-8338		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)			14b. KIND OF BUSINESS OR INDUSTRY			15. Ever in US Armed Forces? No								
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden		15d. STREET AND NUMBER 1000 Johnson Lane			15e. INSIDE CITY LIMITS (Specify Yes or No) No							
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) William Lee STUGART SR						17. MOTHER/PARENT - NAME (First Middle Last Suffix) Melba HANNA										
	18a. INFORMANT- NAME (Type or Print) Susan STUGART				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1000 Johnson Ln Minden, Nevada 89423												
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation				19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory				19c. LOCATION City or Town State Sparks Nevada 89431								
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE NUMBER 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701										
TRADE CALL	TRADE CALL - NAME AND ADDRESS																
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) REED DOFF M.D. 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) October 30, 2015				21c. HOUR OF DEATH 01:00				22b. DATE SIGNED (Mo/Day/Yr)				22c. HOUR OF DEATH				
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)																
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Reed Doff M.D. 18653 Wedge Pkwy Reno, NV 89511						23b. LICENSE NUMBER 13920										
REGISTRAR	24a. REGISTRAR (Signature) SHERRIE A CONNELL SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 02, 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))																
CAUSE OF DEATH	PART I (a) Terminal Complications Of Creutzfeldt-Jakob Disease										Interval between onset and death Months						
	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						
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.																	
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			26. AUTOPSY (Specify Yes or No) No			27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		
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

386009

603789

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:

11/10/2015

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

STATE REGISTRAR
Reed Doff
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

