DOUGLAS COUNTY, NV
Rec:$35.00
$35.00 Pgs=3
2017-906931
11/15/2017 11:52 AM
TITLE SERVICE AND ESCROW - YERINGTON
KAREN ELLISON, RECORDER

APN: 1022-14-002-004
TSL-39089-CB

When Recorded Mail To:
GLEN E. MCCRACKEN
3204 HERITAGE COURT
ARLINGTON, TX 76016

The undersigned hereby affirms that this document submitted for recording contains the social security number of a person or persons as required by law: NRS 440.380 (1) (A) and 40.525 (5).

SPACE ABOVE FOR RECORDER'S USE ONLY

AFFIDAVIT DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss.
COUNTY OF LYON)

GLEN E. MCCRACKEN of legal age, being first duly sworn, deposes and says:
THAT the deceased mentioned in the attached certified copy of Certificate of Death, is the same person as EVANGELINE MCCRACKEN named as one of the parties in that certain CORPORATION GRANT, BARGAIN AND SALE DEED dated October 10, 1988 executed by T & G FINANCIAL, INC, a Nevada corporation to GLEN E. MC CRACKEN and EVANGELINE MC CRACKEN, husband and wife as Joint Tenants and recorded in the Official Records of Douglas County, Nevada, on October 10, 1988 as No. 188119 and covering all of that certain real property described as follows:

Being a portion of Section 13 and 14, Township 10 North, Range 22 East, M.D.B.&M., further described as follows:

Parcel 1 as set forth on Parcel Map for R.G. Whitney filed for record in the office of the County Recorder of Douglas County, State of Nevada on January 25, 1978, in Book 178, Page 1478, as Document No. 17012

COPY

DATED 11-14-17

Glen E. McCracken
GLEN E. MCCRACKEN

STATE OF Nevada)
) ss.
COUNTY OF Lyon)

On 11-14-17 personally appeared before me, a Notary Public (or Judge or other authorized person, as the case may be), GLEN E. MCCRACKEN who acknowledged to me that he executed the within instrument.

C Brewer
Notary Public

C. BREWER
Notary Public-State of Nevada
APPT. NO. 07-2945-12
My App. Expires April 26, 2019

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3978451

CERTIFICATE OF DEATH

2017017741
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX): Evangeline MCCRACKEN
2. DATE OF DEATH (Mo/Day/Year): September 15, 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 an: Carson Tahoe Regional Medical Center
3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify): Inpatient
4. SEX: Female
5. RACE (Specify): White
6. Hispanic Origin? Specify: Yes - Mexican
7a. AGE-Last birthday (Years): 83
7b. UNDER 1 YEAR: MOS | DAYS
7c. UNDER 1 DAY: HOURS | MINS
8. DATE OF BIRTH (Mo/Day/Yr): December 13, 1933

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

9a. STATE OF BIRTH (If not US/CA, name country): Texas
9b. CITIZEN OF WHAT COUNTRY: United States
10.EDUCATION: 13
11. MARITAL STATUS (Specify): Married
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage): Glen MCCRACKEN
13. SOCIAL SECURITY NUMBER: [redacted]-9476
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of): Accountant
14b. KIND OF BUSINESS OR INDUSTRY: Entertainment
Ever in US Armed Forces? Yes
15a. RESIDENCE - STATE: Nevada
15b. COUNTY: Douglas
15c. CITY, TOWN OR LOCATION: Wellington
15d. STREET AND NUMBER: 4222 Kyle Dr.
15e. INSIDE CITY LIMITS (Specify Yes or No): Yes

PARENTS

16. FATHER/PARENT - NAME (First Middle Last Suffix): Samuel RIOS
17. MOTHER/PARENT - NAME (First Middle Last Suffix): Josephine VILLAREAL
18a. INFORMANT- NAME (Type or Print): Glen MCCRACKEN
18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip): 4222 Kyle Dr. Wellington, Nevada 89444

DISPOSITION

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): CRAIG R COLEMAN SIGNATURE AUTHENTICATED
20b. FUNERAL DIRECTOR LICENSE NUMBER: FD921
20c. NAME AND ADDRESS OF FACILITY: Cremation Society of Nevada - Capitol City, 1614 N Curry Street Carson City NV 89703

TRADE CALL

TRADE CALL - NAME AND ADDRESS

CERTIFIER

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) SIGNATURE AUTHENTICATED JOSE AGUIRRE MD
21b. DATE SIGNED (Mo/Day/Yr): September 20, 2017
21c. HOUR OF DEATH: 00:27
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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)
22b. DATE SIGNED (Mo/Day/Yr)
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

REGISTRAR

24a. REGISTRAR (Signature): BLAISE SATARIANO SIGNATURE AUTHENTICATED
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr): September 22, 2017
24c. DEATH DUE TO COMMUNICABLE DISEASE: YES ☐ NO ☒

CAUSE OF DEATH

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

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I
(a) Cardiopulmonary Arrest — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(b) Acute Respiratory Failure — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(c) Acute Renal Failure — Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:
(d) Severe Sepsis — 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 (Specif Yes or No): No
27. WAS CASE REFERRED TO CORONER (Specify Yes or No): No

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

0006918 92

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: 10/4/2017

SIGNATURE AUTHENTICATED

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

THE GREAT SEAL OF THE STATE OF NEVADA — ALL FOR OUR COUNTRY

STATE OF NEVADA — OFFICE of the STATE REGISTRAR and VITAL RECORDS — DEPARTMENT OF HUMAN SERVICES — Cert Death 2017020 C

VERIFIBACK

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE