

APN: 1220-21-610-090

When Recorded, Mail to:
Jennifer Yturbide, Esq.
YTURBIDE LAW PC
1701 County Road, Suite M
Minden, NV 89423



KAREN ELLISON, RECORDER

Mail Tax Statements to:

BRANDON BUCKNER
1393 HONEYBEE LANE
GARDNERVILLE, NVV 89460

SPACE ABOVE RESERVED FOR RECORDER'S USE

AFFIDAVIT OF DEATH (NRS §111.365)

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

I, BRANDON BUCKNER, do hereby swear under penalty of perjury that the following assertions are true to the best of my knowledge and belief:

1. I am over 18 years of age, am of sound mind, and if called to testify would competently testify to the following.
2. The real property commonly known as 1393 Honeybee Lane, Garnerville, NV 89460 was conveyed to BRANDON BUCKNER and KRISTI SANCHEZ, husband and wife as community property in that certain Grant, Bargain, Sale Deed recorded as Document Number 2016-885043 of the Official Records in the Office of the County Recorder of Douglas County, in and for the State of Nevada.
3. KRISTI SANCHEZ died on July 8, 2017, a certified death certificate is attached hereto and incorporated herein by reference.

4. I am the surviving spouse referred to in that certain Grant, Bargain, Sale Deed recorded as Document Number 2016-885043 of the Official Records in the Office of the County Recorder of Douglas County, State of Nevada.


5. The real property commonly known as 1393 Honeybee Lane, Gardnerville, NV 89460, which is the subject of the above-described deed and joint tenancy, is located in the County of Douglas, State of Nevada, and is more particularly described as:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

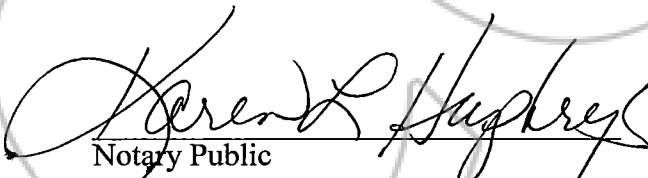
Lot 595 as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 6, filed in the office of the County Recorder of Douglas County, State of Nevada on May 29, 1973, in Book 573, Page 1026, as Document No. 66512.

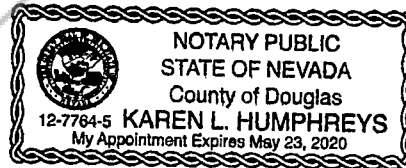
TOGETHER with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

DATED: 4th day of January 2018.


BRANDON BUCKNER

SUBSCRIBED and SWORN to before me
this 4th day of January 2018.


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. 3966840

CERTIFICATE OF DEATH

2017013161
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Kristi Marie SANCHEZ		2. DATE OF DEATH (Mo/Day/Year) July 08, 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 and city) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Intensive Care Unit (ICU)	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify Yes - Mexican		7a. AGE-Last birthday (Years) 33	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		7d. UNDER 1 DAY MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Brandon BUCKNER			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-0135		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Self Employed		14b. KIND OF BUSINESS OR INDUSTRY Marketing	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1393 Honeybee Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Gilbert SANCHEZ	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Brenda ANDEREGG		18a. INFORMANT - NAME (Type or Print) Brandon BUCKNER			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1393 Honeybee Lane 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			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER		20b. FUNERAL DIRECTOR LICENSE NUMBER FD823		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) TOKAMEH ENTEZARI 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) July 17, 2017		21c. HOUR OF DEATH 17:53		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	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) Tokameh Entezari MD 1155 Mill St Reno, NV 89502			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER 12746		24a. REGISTRAR (Signature) BLAISE SATARIANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 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) Cardiopulmonary Arrest		Interval between onset and death		
		(b) Acute Respiratory Failure		Interval between onset and death		
		(c) Hemorrhagic Shock		Interval between onset and death		
		(d) Encephalopathy		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. Anemia; Unknown Etiology				26. AUTOPSY (Specify 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



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: **JUL 20 2017**

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

Cody P. ...
STATE REGISTRAR

VRS-Rev-20120523a

