



KAREN ELLISON, RECORDER

APN 37-303-01

APN _____

APN _____

FOR RECORDER'S USE ONLY

AFFIDAVIT--DEATH OF JOINT TENANT
TITLE OF DOCUMENT

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain personal information of any person or persons. (NRS 239B.030)

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain personal information of a person or persons as required by law. State specific law: NRS 440.380

Day Williams 4/9/18
Signature

DAY R. WILLIAMS, ATTORNEY
Print Name & Title

WHEN RECORDED MAIL TO:

DAY R. WILLIAMS, ESQ.

1601 FAIRVIEW DRIVE, SUITE C

CARSON CITY, NV 89701

APN 37-303-01

When recorded mail to:
Day R. Williams, Esq.
1601 Fairview Dr. #C
Carson City NV 89701-5860

AFFIDAVIT--DEATH OF JOINT TENANT

STATE OF NEVADA)
):ss
CARSON CITY)

PATRICIA J. GLASS, of legal age, being first duly sworn, deposes and says: That RAYMOND L. GLASS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as RAYMOND L. GLASS named as one of the parties in that certain Individual Grant Deed dated October 16, 1997 signed by Marcia Lee Beem, which deeded real estate to Raymond L. Glass and Patricia J. Glass, Husband and Wife as Joint Tenants with Rights of Survivorship, recorded as Instrument No. 0425998, Book 1197 Page 1786, Official Records of Douglas County, State of Nevada, covering the following described property situated in Douglas County, State of Nevada, commonly known as 3651 Sandstone Drive, Wellington, Nevada, more particularly described as:

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

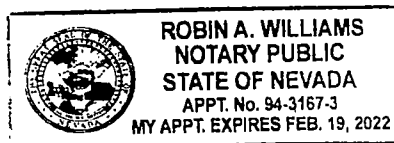
Lot 127, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 3, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on March 31, 1969, in Book 1 of Maps, Page 221, as Document No. 44091.

Together with all and singular the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

Patricia J. Glass
PATRICIA J. GLASS

SUBSCRIBED AND SWORN TO before me
this 9th day of April, 2018
by PATRICIA JOAN GLASS.

Robin A. Williams
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. 3993935

CERTIFICATE OF DEATH

2017025179

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) Raymond Lewis GLASS		2. DATE OF DEATH (Mo/Day/Year) December 16, 2017		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Wellington		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Minnehaha Canyon and Sandstone Drive		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Canyon	
4. SEX Male		5. RACE (Specify) White		8. DATE OF BIRTH (Mo/Day/Yr) September 23, 1938	
6. HISPANIC ORIGIN? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 79		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
7c. UNDER 1 DAY		9a. STATE OF BIRTH (If not US/CA, name country) Ohio		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) Patricia WIFERT	
13. SOCIAL SECURITY NUMBER ██████████-9505		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Quality Control Manager		14b. KIND OF BUSINESS OR INDUSTRY Air Craft Manufacturing	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 3651 Sandstone Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Herbert GLASS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Evelyn APPLEMAN		
18a. INFORMANT - NAME (Type or Print) Patricia GLASS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3651 Sandstone Drive Wellington, Nevada 89444			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD304		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
TRADE CALL - NAME AND ADDRESS					
21a. 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)			22a. 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) MATTHEW R SCHLANGER SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) January 18, 2018	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 12:01		22d. PRONOUNCED DEAD (Mo/Day/Yr) December 16, 2017	
22e. PRONOUNCED DEAD AT (Hour) 12:01		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Matthew R Schlanger 1038 Buckeye Rd Minden, NV 89423			
23b. LICENSE NUMBER		24a. REGISTRAR (Signature) MELISSA KNIGHT SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 18, 2018	
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) Gun Shot Wound DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)			
25. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) Suicide		25b. DATE OF INJURY (Mo/Day/Yr) December 16, 2017		25c. HOUR OF INJURY 1140	
25d. DESCRIBE HOW INJURY OCCURRED Self-inflicted Gun Shot Wound To Head		26. AUTOPSY (Specify Yes or No) No			
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. INJURY AT WORK (Specify Yes or No)			
28b. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28c. LOCATION STREET OR R.F.D. No. Access Road Behind 3640 Sandstone Dr		28d. CITY OR TOWN STATE Wellington Nevada	

STATE REGISTRAR

000704234



CERTIFIED COPY OF VITAL RECORDS

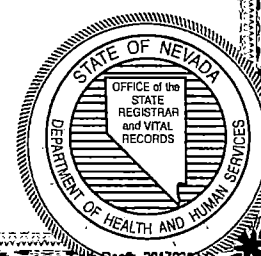
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

1/18/2018

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

[Signature]
SIGNATURE AUTHENTICATED



MANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE