

APN: 1022-10-002-004



KAREN ELLISON, RECORDER

After Recording Mail to:

Karen Warren
1360 Hematite Ct.
Wellington, NV 89444

The undersigned affirms that this document **does** contain the social security number of any person, as required by NRS 440.380. (NRS 239B.030).

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
: ss.
COUNTY OF DOUGLAS)

KAREN WARREN, being duly sworn, declares:

That James Rasy Warren, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as James R. Warren, named as one of the parties in the Grant, Bargain and Sale Deed executed by Mark V. Bergstrom and Elizabeth L. Bergstrom to James R. Warren and Karen Warren, husband and wife as joint tenants, and recorded as Instrument No. 0439928 on May 18, 1998, in Book 0598, Page 3618 of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

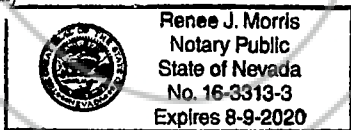
Lot 150, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on February 20, 1967, in Book 47, Page 761, as Document No. 35464.

Per NRS 111.312, this legal description was previously recorded at Document No.0439928 on May 18, 1998, in Book 0598, Page 3618 of Official Records of Douglas County, Nevada.

Karen Warren
KAREN WARREN

Subscribed and sworn to before me this 23rd day of April, 2018.

[Seal]



Renee J. Morris
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. 3992060

CERTIFICATE OF DEATH

2017023127
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) James Rasy WARREN		2. DATE OF DEATH (Mo/Day/Year) December 06, 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 address) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emor. Rm. (Inpatient)(Specify) Inpatient	
4. SEX Male		5. RACE (Specify) White		6. DATE OF BIRTH (Mo/Day/Yr) May 26, 1933	
7a. AGE-Last birthday (Years) 84		7b. UNDER 1 YEAR (MOS DAYS HOURS MINS)		7c. UNDER 1 DAY (HOURS MINS)	
9a. STATE OF BIRTH (If not US/CA, name country) Illinois		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 7	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Karen HISER			
13. SOCIAL SECURITY NUMBER [REDACTED]-9280		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Carpenter		14b. KIND OF BUSINESS OR INDUSTRY Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lyon		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 1360 Hematite Court		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First Middle Last Suffix) James Robert WARREN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Easter Mable KILGORE		
18a. INFORMANT- NAME (Type or Print) Karen WARREN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1360 Hematite Court Wellington, Nevada 89444			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation/Burial		19b. CEMETERY OR CREMATORY - NAME Northern Nevada Veterans Cemetery		19c. LOCATION City or Town State Femley Nevada 89408	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) GERALD HITCHCOCK SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD614		20c. NAME AND ADDRESS OF FACILITY Freitas Ruprecht Funeral Home PO BOX 1271 Yerington NV 89447	
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 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) December 13, 2017		21c. HOUR OF DEATH 07:25		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) MELISSA KNIGHT SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 13, 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					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Acute On Chronic Hypoxic And Hypercapnic Respiratory Failure Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) End Stage Chronic Obstructive Pulmonary Disease Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Bilateral Pleural Effusion 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. Chronic Kidney Disease; Hypertension; Diabetes; Acinetobacter Bacteraemia; Atrial Fibrillation; 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



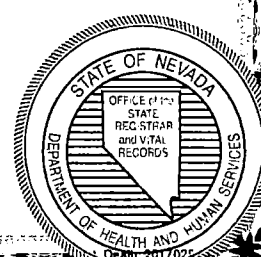
CERTIFIED COPY OF VITAL RECORDS

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: **12/18/2017**

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

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE