

APN: 1320-26-002-012

When recorded, mail to:  
SANDRA D. GARREN  
1780 AMBER WAY  
GARDNERVILLE, NV 89410



KAREN ELLISON, RECORDER

Mail tax statements to:  
SANDRA D. GARREN  
1780 AMBER WAY  
GARDNERVILLE, NV 89410

**AFFIDAVIT OF DEATH OF COMMUNITY PROPERTY HOLDER**

STATE OF NEVADA        )  
                                  ) ss.  
COUNTY OF DOUGLAS    )

I, SANDRA D. GARREN, being first duly sworn, state as follows:

1. That my husband, RICHARD M. GARREN, died on September 7, 2016, at Carson City, Nevada. A copy of the Certificate of Death is attached hereto as Exhibit "1".
2. That on October 3, 1996, a deed was executed conveying title to RICHARD M. GARREN and SANDRA D. GARREN, husband and wife as community property; and
3. That on October 24, 1996, this Quitclaim Deed was recorded in Book 1096, Page 4340, as Document No. 399500, by the office of the County Recorder of Douglas County, Nevada.

4. LEGAL DESCRIPTION:

COMMENCING at the Southeast corner of the North one-half of the Southeast Quarter of Section 26, Township 13 North, Range 20 East, M.D.B. & M.; thence North a distance of 30.00 feet; thence West a distance of 30.00 feet to the true point of beginning; thence from said point of beginning North a distance of 660.00 feet; thence West a distance of 990.00 feet; thence South a distance of 660.00 feet; thence East a distance of 990.00 feet to the true point

of beginning.

Assessment Parcel No. 23-140-03.

Together with an non-exclusive easement for ingress and egress over the East 30 feet of the South one-half of the Northeast one-quarter and the East 30 feet of the North one-half of the Southeast one-quarter, and the South 30 feet of the North one-half of the Southeast one-quarter of said Section 26.

Per NRS 111.312, this legal description was previously recorded at Document #56022, Book 94, Page 669 on December 23, 1971.

**AFFIRMATION PURSUANT TO NRS 239B.030**

Pursuant to NRS 440.380(1)(A) and NRS 40.525(5), the undersigned does hereby affirm that the preceding document does not contain the Social Security number of any person.

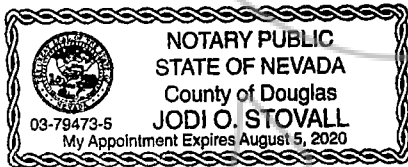
FURTHER AFFIANT SAYETH NAUGHT.

DATED this 25 day of APRIL, 2018.

*Sandra D. Garren*  
SANDRA D. GARREN

This instrument, titled AFFIDAVIT OF DEATH OF COMMUNITY PROPERTY

HOLDER was acknowledged before me this 25 day of APRIL 2018 by SANDRA D. GARREN.



*Jodi O. Stovall*  
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. 3914241

**CERTIFICATE OF DEATH**

**2016016454**  
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) <b>Richard Michael GARREN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>September 07, 2016</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and Inpatient)(Specify) <b>Carson Tahoe Regional Medical Center Inpatient</b>		4. SEX <b>Male</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>77</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>New York</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
13. SOCIAL SECURITY NUMBER <b>8470</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>William Francis GARREN</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Katherine LUKANIK</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Sandra CHRISTIE</b>	
18a. INFORMANT- NAME (Type or Print) <b>Sandra GARREN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1780 Amber Way Gardnerville, Nevada 89410</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CURT KOESTLER</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>823</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>JOSE AGUIRRE M.D. SIGNATURE AUTHENTICATED</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>September 13, 2016</b>		21c. HOUR OF DEATH <b>11:22</b>		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Jose Aguirre M.D. 1600 Medical Parkway Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>11479</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 13, 2016</b>		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) <b>Cardiopulmonary Arrest</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Acute Respiratory Failure</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Acute Diastolic Heart Failure</b> DUE TO, OR AS A CONSEQUENCE OF: (d) <b>Chronic Obstructive Pulmonary Disease Exacerbation</b>				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. <b>Paroxysmal Atrial Fibrillation; Obstructive Sleep Apnea; Unknown Etiology</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify)		28d. DESCRIBE HOW INJURY OCCURRED	
28g. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN STATE	

STATE REGISTRAR

000643112



CERTIFIED COPY OF VITAL RECORDS

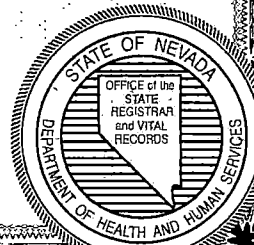
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 9/16/2016

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

*Cody Phinney*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE