

Assessor's Parcel Number: 1320-30-802-005



KAREN ELLISON, RECORDER

Recording Requested by:  
AND  
Grantee's Address is & Mail Tax Statements to:  
**Ann Peters**  
**P.O. Box 196**  
**Genoa, NV 89411**

I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law. (Per NRS 239B.030(4))  
(State specific law): NRS 40.525(5) Death certificate attached to affidavit

**AFFIDAVIT - DEATH OF JOINT TENANT**

ANN C. PETERS, of legal age, being duly sworn, deposes and says:

1. That CRAIG ALAN PETERS, the decedent mentioned in the attached certified copy of Certificate of Death, was, until his death, and is the same person as CRAIG A. PETERS, named as one of the parties in that certain Grant, Bargain, Sale Deed by and between CRAIG A. PETERS AND ANN C. PETERS, HUSBAND AND WIFE AS JOINT TENANTS, recorded on August 17, 2001, in Book 0801, at Page 4686, as Document No. 520873 of Official Records of Douglas County, State of Nevada, concerning the real property located at 1697 County Road, Minden, in the unincorporated area of Douglas County, Nevada, bounded and specifically described in said Deed as:

**PARCEL 1 AS SET FORTH ON The Final parcel Map #2 for EAGLE VALLEY CONSTRUCTION COMPANY, filed for record in the Office of the Douglas County Recorder on April 28, 1995, in Book 495, of Official Records, Page 4639, as Document No. 361162.**

2. That this affidavit is executed and recorded for the purposes of terminating the interest of CRAIG A. PETERS in and to the real property described herein.

Dated this 16<sup>th</sup> day of May, 2018.

ANN C. PETERS

STATE OF NEVADA }  
COUNTY OF DOUGLAS }

Acknowledged before me on May 16, 2018, by Ann C. Peters.

\_\_\_\_\_  
Notary Public



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**WASHOE COUNTY HEALTH DISTRICT**

VITAL STATISTICS - RENO, NEVADA  
**CERTIFICATE OF DEATH**

CASE FILE NO. 4014886

**2018007786**  
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>Craig Alan PETERS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 09, 2018</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and <b>Renown Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>73</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>June 17, 1944</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Iowa</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>18</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Ann BRENSEL</b>	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]-2010</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Contractor</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Airport</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Genoa</b>	
15d. STREET AND NUMBER <b>2402 Centennial Dr.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>PETERS</b>			17. MOTHER/PARENT - NAME (First Middle Last - Suffix) <b>Thea WADDELL</b>		
18a. INFORMANT- NAME (Type or Print) <b>Ann PETERS</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2402 Centennial Dr. Genoa, Nevada 89411</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>		19c. LOCATION City or Town State <b>Sparks Nevada 89431</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>ANDREW W JOYCE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD936</b>		20c. NAME AND ADDRESS OF FACILITY <b>Truckee Meadows Cremation and Burial 616 South Wells Avenue Reno NV 89502</b>	
21. 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) <b>SIGNATURE AUTHENTICATED KELLE L BROGAN MD</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)		
21b. DATE SIGNED (Mo/Day/Yr) <b>April 19, 2018</b>		21c. HOUR OF DEATH <b>22:45</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Kelle L Brogan MD 1155 Mill St Reno, NV 89502</b>			
				23b. LICENSE NUMBER <b>6000</b>	
24a. REGISTRAR (Signature) <b>CARMEN M MENDOZA</b>			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 23, 2018</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>Cerebral Vascular Accident</b>					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Thoracic Aortic Dissection</b>					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: (c)					Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: (d)					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.				26. AUTOPSY (Specify Yes or No) <b>No</b>	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>
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

000300238

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.

4/24/2018

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

