

APN: 1320-29-110-040
RECORDING REQUESTED BY:
KYLE A. WINTER, ESQ.
ALLISON, MacKENZIE, LTD.
P.O. Box 646
Carson City, Nevada 89702



KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO:
Robert Sorben
1783 Lantana Drive
Minden, NV 89423

The party executing this document affirms that this document DOES contain a social security number as required by law per NRS 440.380(1)(a) and NRS 40.525 (5).

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
CARSON CITY)

ROBERT SORBEN, of 1783 Lantana Drive, Minden, Nevada 89423, being first duly sworn, deposes and says:

That SUSAN LEE SORBEN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as SUSAN SORBEN named as one of the parties in that certain Grant, Bargain and Sale Deed recorded on July 29, 2016, as Document No. 2016-885234, executed by WARREN P. BITHELL, WARREN P. BITHELL IV, who acquired title as a married man as his sole and separate property, which transferred the subject real property to ROBERT SORBEN and SUSAN SORBEN, husband and wife as joint tenants with right of survivorship, recorded in the official records of Douglas County, State of Nevada, covering the following described real property situated in the County of Douglas, State of Nevada:

Lot 442, In Block D, as shown on the Official Plat of WINHAVEN, UNIT NO. 8, filed in the office of the County Recorder of Douglas County, State of Nevada, on September 11, 1997, in Book 997 of Official Records, at Page 2125, as Document No. 241412.

(This legal description was previously recorded in the Official Records of Douglas County, State of Nevada on July 29, 2016, as Document No. 2016-885234).

I certify under penalty of perjury under the laws of the State of Nevada that the following is true and correct.

Dated this 9th day of July, 2018.

Robert Sorben
ROBERT SORBEN

On July 9, 2018, personally appeared before me, a notary public, ROBERT SORBEN, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that he executed the foregoing instrument.

Lori L. Tonne
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. 4025525

CERTIFICATE OF DEATH

2018011955
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Susan Lee SORBEN		2. DATE OF DEATH (Mo/Day/Year) June 17, 2018		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 74	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) January 17, 1944	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Wisconsin		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) Robert Edward SORBEN			
PARENTS	13. SOCIAL SECURITY NUMBER 5114		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
DISPOSITION	15d. STREET AND NUMBER 1783 Lantana Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) John T GREGG	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ruth SCHROEDER		18a. INFORMANT- NAME (Type or Print) Robert Edward SORBEN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1783 Lantana Dr Minden, Nevada 89423	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #63 Carson City NV 89708	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SARAH L WELSH DO SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) June 21, 2018		21c. HOUR OF DEATH 22:53	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21e. 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) Sarah L Welsh DO 748 S Meadows Pkwy Reno, NV 89521		23b. LICENSE NUMBER DO1396	
CAUSE OF DEATH	24a. REGISTRAR (Signature) VICTORIA STEBBINS SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 21, 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) Cardiovascular Collapse DUE TO, OR AS A CONSEQUENCE OF: (b) Etiology Unknown DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) 		Interval between onset and death		Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Coronary Artery Disease		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		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28i. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR



CERTIFIED COPY OF VITAL RECORDS

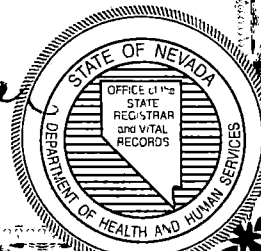
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **JUN 22 2018**

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

Julie Katcheva
STATE REGISTRAR

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE