

APN: 1320-33-818-027



KAREN ELLISON, RECORDER

After Recording Mail to:

Kenneth V. Harper
1456 Cardiff Dr.
Gardnerville, NV 89410

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)

KENNETH V. HARPER, being duly sworn, declares:

That MAY DOREEN HARPER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DOREEN M. HARPER, named as one of the parties in the Grant, Bargain And Sale Deed executed by Classic Homes LLC, a Nevada Limited Liability Company, Grantor to Kenneth V. Harper and Doreen M. Harper, husband and wife as joint tenants, and recorded as Instrument No. 0673526 on April 26, 2006, in Book 0406, Page 9010 of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

Lot 58 in Block D, Chichester Estates Phase 13, Final Subdivision Map #1006-13, according to the map thereof filed in the Office of the County Recorder of Douglas County, State of Nevada on October 4, 2004, in Book 1004, Page 1052, as Document No. 62584.

APN 1320-33-818-027.

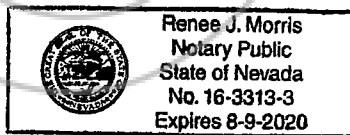
Per NRS 111.312, this legal description was previously recorded at Document No. 0673526 on April 26, 2006, in Book 0406, Page 9010.

Dated: September 19, 2018.

Kenneth V Harper
KENNETH V. HARPER

Subscribed and sworn to before me this 19th day of September, 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

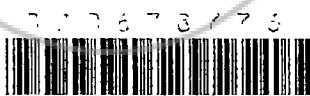
CASE FILE NO. 3962321

CERTIFICATE OF DEATH

2017011432
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Doreen M HARPER		2. DATE OF DEATH (Mo/Day/Year) June 17, 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 and city) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient		
	4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		
	7a. AGE-Last birthday (Years) 77		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		
DECEDENT	8. DATE OF BIRTH (Mo/Day/Yr) September 27, 1939		9a. STATE OF BIRTH (If not US/CA, name country) Wallaceburg		9b. CITIZEN OF WHAT COUNTRY United States		
	10. EDUCATION 18		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Kenneth Victor HARPER		
	13. SOCIAL SECURITY NUMBER ██████████ 9319		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Office Manager		14b. KIND OF BUSINESS OR INDUSTRY Printing		
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		
PARENTS	15d. STREET AND NUMBER 1456 Cardiff Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No		
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Albert CARR			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ann HOLE			
	18a. INFORMANT- NAME (Type or Print) Kenneth Victor HARPER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1456 Cardiff Drive Gardnerville, Nevada 89410				
	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		
DISPOSITION	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						
	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) ROY H SEXTON 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) June 19, 2017		21c. HOUR OF DEATH 18:35		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)							
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Roy H Sexton 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 14938		
	24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 20, 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						
CAUSE OF DEATH	(a) Cardiopulmonary Arrest		Interval between onset and death				
	(b) Acute Systolic Congestive Heart Failure		Interval between onset and death				
	(c) Severe Sepsis		Interval between onset and death				
	(d) Pneumonia		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. <i>Chronic Obstructive Pulmonary Disease; Unknown Etiology</i>					25. AUTOPSY (Specify Yes or No) No		
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY		26d. DESCRIBE HOW INJURY OCCURRED	
28a. 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: **6/26/2017**

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

Cody Phinney
STATE REGISTRAR

