

APN 1220-24-501-015



KAREN ELLISON, RECORDER

This document contains a
Social Security number
Pursuant to NRS 440 380

When recorded, mail to
Kenneth D Thran
784 Mustang Lane
Gardnerville, NV 89410

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)

COUNTY OF DOUGLAS)


I, **Kenneth D. Thran**, hereby swear (or affirm) under penalty of perjury, that the following assertions are true of my own personal knowledge

- 1 I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated
- 2 **Reatha S. Thran**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Reatha S. Thran**, named as one of the grantees in that certain, Grant, Bargain, Sale Deed executed by **Mike Hickey Construction, Inc.**, a Nevada corporation, to **Kenneth D. Thran and Reatha S Thran**, husband and wife, as joint tenants with rights of survivorship, recorded on October 16, 1989, as Document No 213044, in Book 1089, Page 1743, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada

Being a portion of the Northeast ¼ of the Northeast ¼ of Section 24, Township 12 North, Range 20 East, M D B & M , described as follows

Parcel D-2 as set forth on the Parcel Map for Garry den Heyer and Carol June den Heyer, recorded March 13, 1989, in Book 389, as Document No 198078 of Official Records of Douglas County, Nevada

Being a Re-Subdivision of Parcel D of the Parcel Map for Pete Bowie recorded September 22, 1977, in Book 977, page 1301, as Document No 13230 Official Records, Douglas County, Nevada




Kenneth D. Thran

Kenneth D Thran

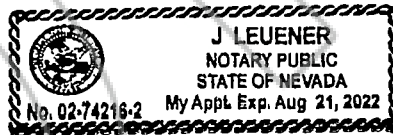
SIGNED AND SWORN TO (or affirmed)

Before me on 7 February, 2019,

By Kenneth D Thran



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 4063453

CERTIFICATE OF DEATH

2019001624
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) Reatha S THRAN		2 DATE OF DEATH (Mo/Day/Year) January 26, 2019		3a COUNTY OF DEATH Douglas	
3b CITY TOWN OR LOCATION OF DEATH Gardnerville		3c HOSPITAL OR OTHER INSTITUTION Name (If not either give street address) If Hosp or Inst indicate DOA/CP/Emer Pr Inpatient (Specify) 784 Mustang Lane Home		4 SEX Female	
5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	7a AGE Last birthday (Years) 69	7b UNDER 1 YEAR MOS DAYS HOURS MINS	8 DATE OF BIRTH (Mo/Day/Yr) October 28 1949
9a STATE OF BIRTH (If not U.S.A. name country) California		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) Kenneth THRAN
13 SOCIAL SECURITY NUMBER 8449		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) Tax Examiner		14b KIND OF BUSINESS OR INDUSTRY DMV	Ever in US Armed Forces? No
1a RESIDENCE STATE Nevada	15b COUNTY Douglas	15c CITY TOWN OR LOCATION Gardnerville	15d STREET AND NUMBER 784 Mustang Lane	15e INSIDE CITY LIMITS (Specify Y or N) Yes	
17 FATHER/PARENT - NAME (First Middle Last Suffix) Ralph SEYMOUR			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Sharon TIPTON		
18a INFIRMANT NAME (Type or Print) Kenneth THRAN		18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 784 Mustang Lane Gardnerville Nevada 89410			
19a BUHAL CREMATION REMOVAL OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY NAME Walton's Sierra Crematory	19c LOCATION City or Town State Carson City Nevada 89706		
20a FUNERAL DIRECTOR SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD861	20c NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street, Gardnerville NV 89410		
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) REED DOFF 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) January 29 2019		21c HOUR OF DEATH 04 21	22b DATE SIGNED (Mo/Day/Yr)		22c HOUR OF DEATH
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER Type or Print			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) Reed Doff MD 907 Mountain Street Carson City NV 89703					23b LICENSE NUMBER 13920
24a REGISTRAR (Signature) BREECE D FLORES SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 30, 2019	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)					Interval between onset and death
PART 1 (a) Respiratory Arrest					Minutes
(b) DUE TO OR AS A CONSEQUENCE OF Terminal Complications Of Malignant Metastatic Carcinoma Of Unspecified Cell Type					Interval between onset and death
(c) DUE TO OR AS A CONSEQUENCE OF Unknown Etiology					Interval between onset and death
(d) DUE TO OR AS A CONSEQUENCE OF					Interval between onset and death
PART 2 OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in Part 1					26 AUTOPSY (Specify Yes or No) No
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a ACC SUICIDE HOMICIDE 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

000753092



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 **JAN 31 2019**

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

Julie Katchear
STATE REGISTRAR

