

APN # 1318-24-411-007

Escrow # 00242487 --DR

Recording Requested By:  
First Centennial Title Company  
1450 Ridgeview Dr. #100  
Reno, NV 89509

When Recorded Return to:  
Gaye C. Spar  
2428 37th Avenue  
Sacramento, CA 95822

DOUGLAS COUNTY, NV

**2019-925586**

Rec:\$35.00

\$35.00

Pgs=5

**02/11/2019 12:48 PM**

FIRST CENTENNIAL - RENO (MAIN OFFICE)

KAREN ELLISON, RECORDER

SPACE ABOVE FOR RECORDERS USE

**Affidavit – Death of Joint Tenant**

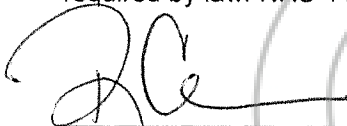
(Title of Document)

**Please complete Affirmation Statement below:**

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

**-OR-**

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 440.380 (1) (state specific law).



SIGNATURE

Title Assistant

TITLE

Roseanne Cusumano  
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

**This cover page must be typed or printed in black ink.**

(Additional recording fee applies)

SPACE BELOW FOR RECORDER

APN: 1318-24-411-007  
Escrow No. 00242487 - 016 -17

When Recorded Return to:

Gaye C. Spar  
2428 37<sup>th</sup> Ave  
Sacramento, CA 95822

SPACE ABOVE FOR RECORDERS USE

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF NEVADA  
COUNTY OF Douglas

} ss:

Gaye C. Spar, of legal age, being duly sworn, deposes and says

That Wayne Herbert. Spar the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Wayne H. Spar named as one of the parties in that certain Individual Grant Deed dated June 17, 1996 executed by Eduardo Moore to Harold S. Spar, a single man and Wayne H. Spar and Gaye C. Spar, husband and wife, all as joint tenants, recorded as Instrument No. 392308, on July 18, 1996 in Book 0796 Page 2828 of Official Records of Douglas County, Nevada, covering the following described property.

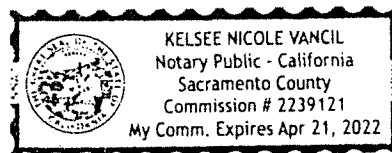
**See Exhibit A attached hereto and made a part hereof.**

Dated: 2/8/19

Gaye C. Spar  
Gaye C Spar

SUBSCRIBED AND SWORN TO before me on this 8 day of Feb. 2019.

Kelsee Vancil  
NOTARY PUBLIC



SPACE BELOW FOR RECORDER

Exhibit A

Parcel 1:

Lot 7, in Block D, as shown on the Official Plat of Manzanita Heights, recorded in the office of the County Recorder of Douglas County, Nevada, on November 20, 1979, as Document No. 38934.

Parcel 2:

Together with an undivided 2/15<sup>th</sup> interest in and to Lot A (Common Area), as shown on the Official Plat of Manzanita Heights, recorded in the office of the County Recorder of Douglas County, Nevada, on November 20, 1979, as Document No. 38934 and amended Map recorded October 28, 1985, in Book 1085, Page 2628, as Document No. 125839.

Parcel 3:

Together with a 20 foot wide access easement for ingress and egress purposes as granted by Kenneth C. Kjer, et ux in Document recorded October 2, 1979, in Book 1079, Page 192, Official Records of Douglas County, Nevada.

Parcel 4:

Together with a 30 foot wide utility easement, as granted by Kenneth C. Kjer, et ux, in Document recorded October 2, 1979 in Book 1079, Page 194, Official Records of Douglas County, Nevada.

Parcel 5:

Together with a 5 foot wide slope easement as deeded by Kenneth C. Kjer, et ux, in Document recorded August 28, 1979 in Book 879, Page 2107, Official Recods of Douglas County, Nevada.

Further reference is made to that certain Record of Survey, Lot Line Adjustment for Nancy Murdock Larner, recorded October 28, 1985, in Book 1089, Page 2628, as Document No. 125839.

SPACE BELOW FOR RECORDER

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A notary public or other officer completing this certificate verifies only the identity of the individual who signed the documents to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

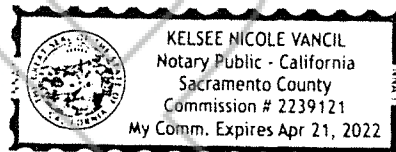
STATE OF CALIFORNIA  
COUNTY OF

On Feb. 8<sup>th</sup>, 2019, before me, Kelsee Vancil, a Notary Public, personally appeared Gaye C. Spar, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of the California that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Kelsee Vancil  
NOTARY PUBLIC



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

3052009202537

CERTIFICATE OF DEATH

3200934009745

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT — FIRST (Given) <b>WAYNE</b>		3. LAST (Family) <b>SPAR</b>	
AKA. ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)		2. MIDDLE <b>HERBERT</b>	
4. DATE OF BIRTH mm/dd/ccyy <b>05/07/1946</b>		5. AGE Yrs <b>63</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		6. SEX <b>M</b>	
10. SOCIAL SECURITY NUMBER <b>6082</b>		7. DATE OF DEATH mm/dd/ccyy <b>12/15/2009</b>	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		8. HOUR (24 Hours) <b>0735</b>	
12. MARITAL STATUS (at Time of Death) <b>MARRIED</b>		13. EDUCATION — Highest Level Degree (see worksheet on back) <b>BACHELOR</b>	
14. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back) <b>WHITE</b>	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED <b>ANALYST</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>STATE OF CALIFORNIA</b>	
19. YEARS IN OCCUPATION <b>30</b>		20. DECEDENT'S RESIDENCE (Street and number or location) <b>2428 37TH AVENUE</b>	
21. CITY <b>SACRAMENTO</b>		22. COUNTY/PROVINCE <b>SACRAMENTO</b>	
23. ZIP CODE <b>95822</b>		24. YEARS IN COUNTY <b>36</b>	
25. STATE/FOREIGN COUNTRY <b>CA</b>		26. INFORMANT'S NAME, RELATIONSHIP <b>GAYE SPAR, WIFE</b>	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) <b>2428 37TH AVENUE, SACRAMENTO, CA 95822</b>		28. NAME OF SURVIVING SPOUSE — FIRST <b>GAYE</b>	
29. MIDDLE <b>-</b>		30. LAST (Maiden Name) <b>CULLISON</b>	
31. NAME OF FATHER — FIRST <b>ABRAHAM</b>		32. MIDDLE <b>ISRAEL</b>	
33. LAST <b>SPAR</b>		34. BIRTH STATE <b>NY</b>	
35. NAME OF MOTHER — FIRST <b>BEATRICE</b>		36. MIDDLE <b>RHODA</b>	
37. LAST (Maiden) <b>JACOBS</b>		38. BIRTH STATE <b>CA</b>	
39. DISPOSITION DATE mm/dd/ccyy <b>12/18/2009</b>		40. PLACE OF FINAL DISPOSITION <b>RES GAYE SPAR 2428 37TH AVENUE, SACRAMENTO, CA 95822</b>	
41. TYPE OF DISPOSITION(S) <b>CR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>	
43. LICENSE NUMBER <b>-</b>		44. NAME OF FUNERAL ESTABLISHMENT <b>NEPTUNE SOCIETY OF NORTHERN CAL</b>	
45. LICENSE NUMBER <b>FD1335</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>GLENNAH I. TROCHET, MD</b>	
47. DATE mm/dd/ccyy <b>12/18/2009</b>		101. PLACE OF DEATH <b>KAISER FOUNDATION HOSPITAL</b>	
102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DDA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> MTHS <input type="checkbox"/> BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
104. COUNTY <b>SACRAMENTO</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) <b>6600 BRUCEVILLE ROAD</b>	
106. CITY <b>SACRAMENTO</b>		107. CAUSE OF DEATH Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. <b>BURKITT'S LYMPHOMA</b>	
108. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>RENAL FAILURE</b>		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>EXCISION SUBMANDIBULAR MASS 10/28/2009</b>	
113A. FEMALE PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since <b>11/04/2009</b> Decedent Last Seen Alive <b>12/14/2009</b>	
115. SIGNATURE AND TITLE OF CERTIFIER <b>GILBERT LEWIS MANDELL M.D.</b>		116. LICENSE NUMBER <b>G44638</b>	
117. DATE mm/dd/ccyy <b>12/15/2009</b>		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>GILBERT LEWIS MANDELL M.D. 6600 BRUCEVILLE ROAD, SACRAMENTO, CA 95823</b>	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/ccyy		122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)	
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		126. SIGNATURE OF CORONER / DEPUTY CORONER	
127. DATE mm/dd/ccyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. #	
A B C D E		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF SACRAMENTO } SS

This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

December 22, 2009

DATE ISSUED:

\* 0 0 1 1 0 6 5 9 6 \*

LOCAL REGISTRAR

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