



KAREN ELLISON, RECORDER

APN# 1420 33 312 052

Recording Requested by/Mail to:

Name: JAMES R ALLEN

Address: 1283 CONESTOGA DR

City/State/Zip: MINNEN NU 89423

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

AFFIDAVIT OF DEATH

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

JR Allen
Signature

JAMES R ALLEN
Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

Affidavit of Death

STATE OF NEVADA
COUNTY OF DOUGLAS

I, JAMES R ALLEN residing at 1283 CONESTOGA DR, MINDEN,
NEVADA 89423, being of legal age, depose and say that:

That KAREN E ALLEN, _____,

_____ died on MARCH 15, 2019 as
evidence by a certified copy of that Certificate of Death, attached hereto;

That I am the successor to the estate of the descendant and to the descendants interest in funds
held by various institutions and no other person has a superior right to the interest of the
decedents in the described property;

That no proceeding is being or has been conducted ^{EXHIBIT A} in DOUGLAS COUNTY for
administration of the descendant's estate.

Oath of Affirmation:

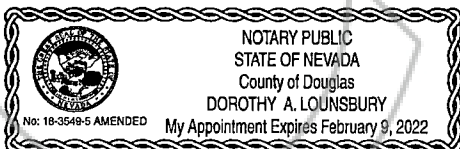
I certify under penalty of perjury under NEVADA law that I know the contents
of this Affidavit signed by me and that the statements are true and correct.

JR Allen _____
JAMES R ALLEN
5-7-19 _____ Date

STATE OF Nevada, COUNTY OF Douglas, ss:

Signed and sworn before Dorothy A Lounsbury
me on 05/07/2019 by _____
James R Allen. _____
Notary Public

Notary _____
Title (and Rank)



My commission expires 02/09/2022

R.P.T.T. \$222.30
Full Value

EXHIBIT 'A'

ESCROW NO. 99021042

GRANT, BARGAIN and SALE DEED

THIS INDENTURE WITNESSETH: That PETER E. THIESSEN AND VIOLA F. THIESSEN, CO-TRUSTEES OF THE PETE AND VIOLA THIESSEN TRUST, DATED SEPTEMBER 28, 1990

in consideration of \$10.00, the receipt of which is hereby acknowledged, does hereby Grant, Bargain Sell and Convey to JAMES R. ALLEN AND KAREN E. ALLEN, as Joint Tenants

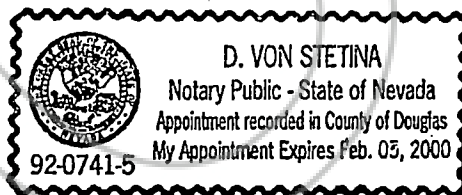
and to the heirs and assigns of such Grantee forever, all that real property situated in the County of DOUGLAS State of Nevada, bounded and described as follows:
LOT 188, AS SHOWN ON THE FINAL MAP OF WILDHORSE UNIT 6, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON MARCH 15, 1994 IN BOOK 394, PAGE 2741, AS DOCUMENT NO. 332336.
ASSESSOR'S PARCEL NO. 21-420-05

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

DATE: May 13, 1999

Viola F. Thiessen
VIOLA F. THIESSEN, SURVIVING TRUSTEE

STATE OF Nevada }
COUNTY OF Carson City } ss.



This instrument was acknowledged before me on June 8, 1999,
by, Viola F. Thiessen

(This area above for official notarial seal)

Signature *Dana Von Stetina*
Notary Public

REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

RECORDING REQUESTED BY:
STEWART TITLE COMPANY
WHEN RECORDED MAIL TO:
MR. AND MRS. ALLEN
1283 CONESTOGA DRIVE
MINDEN, NV 89423

MAIL TAX STATEMENTS TO:
SAME

'99 JUN 10 P3:02

0470039

LINDA SLATER
RECORDER
PAID ka DEPUTY

BK0699PG2332

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4072415

CERTIFICATE OF DEATH

2019006263
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) Karen E ALLEN		2. DATE OF DEATH (Mo/Day/Year) March 15, 2019		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 address) Carson Tahoe Regional Medical Center		3e If Hosp or Inst indicate DOA,OP/Emar Rm Inpatient(Specify) Inpatient	
4 SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) 75		7b UNDER 1 YEAR MOS		7c UNDER 1 DAY HOURS	
8 DATE OF BIRTH (Mo/Day/Yr) June 20, 1943		9a STATE OF BIRTH (If not US/CA, 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) James ALLEN	
13 SOCIAL SECURITY NUMBER 6972		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Executive Assistant		14b KIND OF BUSINESS OR INDUSTRY REAL ESTATE	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1283 Conestoga Dr		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Edmond SOUSA			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Irene MILLNE		
18a INFORMANT- NAME (Type or Print) James ALLEN		18b MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) 1283 Conestoga Dr Minden, Nevada 89423			
19a BURIAL, 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		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) CRAIG RAU MD					
21b DATE SIGNED (Mo/Day/Yr) April 01, 2019		21c HOUR OF DEATH 04:46			
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)		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) Craig Rau MD 1600 Medical Parkway Carson City, NV 89703				23b LICENSE NUMBER 10991	
24a REGISTRAR (Signature) ANGELICA RAMIREZ		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 01, 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))					
PART I					
(a) Cardiopulmonary Arrest				Interval between onset and death	
(b) Pulmonary Embolism				Interval between onset and death	
(c) Hypertension				Interval between onset and death	
(d) Unknown Etiology				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I				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	

STATE REGISTRAR

Information Corrected, State Affidavit# 69155, 04/26/2019 - 14a

VRS-Rev-20120523a



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: **APR 29 2019**

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

Janey

Interim State Registrar

