DOUGLAS COUNTY, NV

Rec:\$35.00 Total:\$35.00 2019-939779 12/17/2019 02:56 PM

KAREN L. WINTERS, ATTY

Pgs=2

APN: 1420-33-810-022

After Recording Mail to:

Bonnie J. Reynolds 1366 Judy St. Minden, NV 89423



KAREN ELLISON, RECORDER

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)

BONNIE J. REYNOLDS, being duly sworn, declares:

That Charles Ray Reynolds, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Charles R. Reynolds, named as one of the parties in the Grant, Bargain and Sale Deed executed by Arthur L. Simpson and Marion D. Simpson, Trustees of the Simpson Family Revocable Trust, u.t.d. November 22, 2010 to Charles R. Reynolds and Bonnie J. Reynolds, husband and wife, as joint tenants, and recorded as Instrument No.2019-928643 on May 3, 2019, in the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

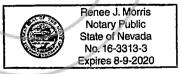
Lot 39 as shown on the Official Map of Idle Acres Subdivision, filed in the Office of the County Recorder of Douglas County, Nevada, on April 5, 1960 in Book 1, Page 65 as File No. 15812.

Per NRS 111.312, this legal description was previously recorded at Document No. 2019-928643, on May 3, 2019.

BONNIE J. REYNOLDS

Subscribed and sworn to before me this 17th day of December, 2019.

[Seal]



NOTARY PUBLIC



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

CASE F	LE NO. 4102929		CEF	RTIFICATE	OF DEATH		-	01001	9074		
TYPE OR				2019018074 STATE FILE NUMBER							
PRINT IN	1a. DECEASED-NAME		T,SUFFIX)				2. DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH				
PERMANENT BLACK INK	1	harles Ray	la	REYNOLDS			September 12, 2019 Douglas				
	·		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give number)			re street ar 3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. 4. SEX. Inpatient(Specify)					
DECEDENT	Mind 5. RACE (Specify)	len		1366 Judy Street			` ′′ Ho	ome		Male	
	S. RACE (Specify)	White	6. Hispanic Origin? Specify 7a. AGE-Last birthday No - Non-Hispanic (Years)			MOS I DAYS		INS	E OF BIRTH		
IF DEATH	9a. STATE OF BIRTH (If		27 STIZEN OF WHAT COUNTRY TO EDUCATION IT MARITAL STATU					No	ovember 1		
IF DEATH OCCURRED IN INSTITUTION SEE		ifornia 195.	CITIZEN OF WHAT COUNTRY 10.EDUCATION 11. MARITAL STATU United States 12			us (Specify) 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) ed Bonnie Jean BORG					
HANDBOOK REGARDING	13. SOCIAL SECURITY		USUAL OCCUPATION (Give Kind of Work Done During Most of			14b KIND OF BUSINESS OR INDUSTRY Ever in US Armed					
COMPLETION OF RESIDENCE ITEMS	-994		Maintenance Leadman			LAUNDRY SERVICE Forces? Yes					
11 Em 5.	15a, RESIDENCE - STA						REET AND NUMBER 15e. INSIDE CITY LIMITS (Specify Yes				
>	Nevada		ouglas	1000			Judy Street Yes				
PARENTS	16 FATHER/PARENT - NAME (First Middle Last Suffix) 17 MOTHER/PARENT - NAME (First Middle Last Suffix) Douglas Meldrum REYNOLDS Margaret Flaine VAN HOVE								1		
	18a. INFORMANT- NAM		dill IL IIIOED				Margaret Elaine VAN HOVE F.D. No, City or Town, State, Zip)				
	Bon	inie J REYNOLI			udy Street Minden, Nevada 89423						
DISDOSITION	19a, BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME 19c. LOCATION City or Town State									ate	
DISPOSITION	Hern Hevada Veterans Cethetery Fern							Fernley Ne	nley Nevada 89408		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) 20b. FUNERAL DIRECTOR 20c. NAME AND ADDRESS OF FACILITY LICENSE NUMBER Autumn Funerals & Cremations										
		JOHN LAWRENGE ILICENSE NUMBER Autumn Funerals & Cremations SIGNATURE AUTHENTICATED FD304 1575 N Lompa Ln Carson City NV 89701									
TRADE CALL	TRADE CALL - NAME AN			·	1	//	ompa zir our	CON ONLY IN	V 00.701		
		f my knowledge, dea	th occurred at the time,	date and place and d		basis of examination a	and/or investigatio	n, in my opinion	n death occurr	ed	
	The cause(s) stated, (signature & filte) CLAUDE ROOFIAN MD Signature & Title) CLAUDE ROOFIAN MD										
CERTIFIER	21b DATE SIGNE	21b DATE SIGNED (Mo/Day/Yr) 21c. HOUR O September 13, 2019			22b. DAT	E SIGNED (MolDay/	Yr)	22c. HOUR O	c. HOUR OF DEATH		
	September 21d. NAME OF A	SONE CONF									
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 2 d S (Type or Print) 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22e PRONOUNCED DEAD AT) AT (Hour)	
	23a, NAME AND ADDRE	SS OF CERTIFIER (PHYSICIAN, ATTENDI	NG PHYSICIAN, MED	HCAL EXAMINER, OF	CORONER) (Type	or Print)	23b, LICEI	NSE NUMBER	R	
		as Vegas, NV 8	39117 14818								
REGISTRAR	24a REGISTRAR (Signa	171	IGELICA RAMI		24b DATE RECEIVE (Mo/Day/Yr) Sont			TH DUE TO CO			
041105.05	25. IMMEDIATE CAUSE		TURE AUTHENTIC		a c hi	tember 13, 2019	<i>F</i> 1	YES [NO X	 	
CAUSE OF DEATH	PART Malignant Nepplasm Of The Prostate With Secondary Malignant Neoplasm To Bone										
DEAM	(a) DUE TO, OR AS A CONSEQUENCE OF. Interval between onset and death										
CONDITIONS IF ANY WHICH GAVE RISE TO	_(b) Unkr	nown Etiolog	У		1 1			!	Detricen ons	et and death	
IMMEDIATE I	DUE TO, OR AS A CONSEQUENCE OF:								et and death		
STATING THE-	(c)		7					į			
UNDERLYING CAUSE LAST		O, OR AS A CONSEC	UENCE OF.			_		Interval	l between ons	et and death	
//	(d) ; PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26. AUTOPSY (Specifier, was case										
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26. AUTOPSY (Specifiz. WAS CASE REFERRED TO C. (Specify Yes or No.) No. (Specify Yes or No.)										SE TO CORONER s or No)	
	28a. ACC., SUICIDE, HOM , U OR PENDING INVEST. (Speci	NDET. 28b DATE O	FINJURY (Mo/Day/Yr)	28c, HOUR OF INJU	RY 28d, DESCRIBE	HOW INJURY OCCURR	ED				
	· _		Α.			1				Ì	
1 1	28e. INJURY AT WORK (Specify 28f PLACE	OF INJURY- At home,	farm, street, factory, t	ffice 28g. LOCATIO	ON STREET OF	R.R.F.D.No	CITY OR TO		STATE	

000786145



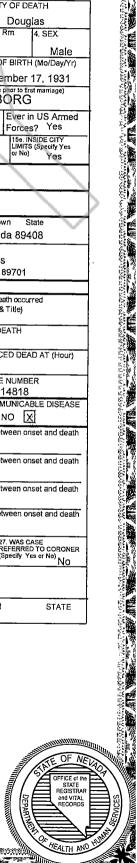
CERTIFIED COPY OF VITAL RECORDS

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:

9/17/2019

Administrator STATE REGISTRAR



STATE

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