

DOUGLAS COUNTY, NV

2020-951041

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\$40.00

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08/19/2020 09:38 AM

FIRST CENTENNIAL - RENO (MAIN OFFICE)

KAREN ELLISON, RECORDER

APN: 1220-16-610-063
Escrow No. 20006769-RB

When Recorded Return to:
Julia Theresa Crow
1310 South Riverview Drive
Gardnerville, NV 89460

SPACE ABOVE FOR RECORDERS USE

SURVIVOR AFFIDAVIT

Julia Crow, of legal age, being duly sworn, deposes and says

That Wayne Dennis Crow the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Wayne Crow named as one of the parties in that certain Warranty Deed dated February 03, 2003 executed by Allen W. Anderson and Lori L. Anderson to recorded as Instrument No. 0567824, on February 21, 2003 in Book 0203 Page 08983 of Official Records of Douglas County, Nevada, covering the following described property.

Lot 130, of Gardnerville Ranchos Subdivision #2, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, recorded on June 1st, 1965, as Document No. 28309 and by Amended Title Sheet recorded June 4, 1965, as Document No. 28377, Official Records.

Assessors Parcel No.: 1220-16-610-063

Julia Crow
Julia Crow

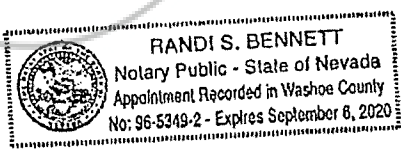
Dated: 8.14.20

STATE OF NEVADA

COUNTY OF Washoe

This instrument was acknowledged before me on this 14th day of Aug, 2020, by Julia Crow

Randi S. Bennett
Notary Public



CERTIFICATE OF VITAL RECORD

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

CASE FILE NO. 4123998

CERTIFICATE OF DEATH

2020000710
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

10. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Wayne Dennis CROW		2. DATE OF DEATH (Mo/Day/Year) January 13, 2020		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street or number) 1310 S. Riverview Drive		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify: No - Non-Hispanic		7a. AGE - Last birthday (Years) 73	
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) Julia TOLGYESSY		8. DATE OF BIRTH (Mo/Day/Yr) December 08, 1946	
13. SOCIAL SECURITY NUMBER 9996		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1310 S. Riverview Drive		16. FATHER/PARENT - NAME (First Middle Last Suffix) Walter Glenn CROW		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Neva Mae BURLINGAME	
18a. INFORMANT - NAME (Type or Print) Julia CROW		18b. MAILING ADDRESS (Street or R.F.D., No, City or Town, State, Zip) 1310 S. Riverview Drive, Gardnerville, Nevada 89460		19c. LOCATION City or Town State Carson City Nevada 89706	
18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Wallon's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DENICE PORTILLO		20b. FUNERAL DIRECTOR LICENSE NUMBER FD872		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
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) NITA SCHWARTZ MD		21c. HOUR OF DEATH 22:45		22a. DATE SIGNED (Mo/Day/Yr) January 16, 2020	
21b. DATE SIGNED (Mo/Day/Yr) January 16, 2020		21c. HOUR OF DEATH 22:45		22b. DATE SIGNED (Mo/Day/Yr)	
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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) BLAISE SATARIANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 17, 2020		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) Malignant Neoplasm Of The Liver And Bile Duct		Interval between onset and death		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		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.				28. AUTOPSY (Specify Yes or No)	
28. AUTOPSY (Specify Yes or No)				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
26a. AGE, SUICIDE, HON. UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. INJURY AT WORK (Specify Yes or No)		26e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		26f. DESCRIBE HOW INJURY OCCURRED	
28c. INJURY AT WORK (Specify Yes or No)		28d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28e. LOCATION - STREET OR R.F.D. No, CITY OR TOWN, STATE	

00080223



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: **1/17/2020**

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

Blaise Satariano
ADMINISTRATOR

