

APN: 1320-35-002-058

Recording Requested By:
HERITAGE LAW, A Division of
KALICKI COLLIER, LLP
1625 Highway 88, Suite 304
Minden, Nevada 89423



KAREN ELLISON, RECORDER

Mail Future Tax Statements To:
THELMA P. KRACHER
1755 Bitterbrush Court
Gardnerville, NV 89410

The undersigned hereby affirms that this document submitted for recording contains personal information as required by law: Affidavit of Death – NRS 440.380(1)(a) and NRS 40.525(5)

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

THELMA P. KRACHER, being of legal age, and being of sound mind and body, hereby swears (or affirms) under penalty of perjury, that the following is true of his own personal knowledge:

That STANLEY G. KRACHER, the Decedent mentioned in the certified copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit 1** and incorporated herein by reference, is the same person as STANLEY G. KRACHER, Grantee in that certain Grant, Bargain, Sale Deed dated February 11, 2008, and recorded on February 12, 2008, as Document No. 717958 of Official Records of Douglas County, State of Nevada, which Grant, Bargain, Sale Deed pertains to real property situated at 1755 Bitterbrush Court, Gardnerville, Nevada, and more precisely described as:

Lot 9, Block H, as shown on the final map of WILDFLOWER RIDGE UNIT 7B, filed for record in the Office of the County Recorder on October 2, 1991, in Book 1091, Page 331, Document No. 261707 Official Records of Douglas County, Nevada.

Pursuant to NRS 111.312, the above legal description was previously recorded in Grant, Bargain, Sale Deed recorded as Document No. 717958 of Official Records of Douglas County, State of Nevada, on February 12, 2008.

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

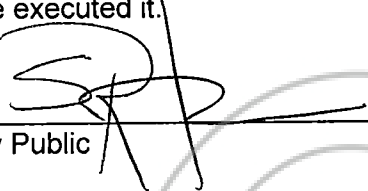
Dated: October 16, 2020.

Thelma P. Kracher

THELMA P. KRACHER, Surviving Grantee and
Surviving Joint Tenant

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On October 16, 2020, before me, Suzanne Jill Remington, a notary public, personally appeared THELMA P. KRACHER, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he executed it.



Notary Public

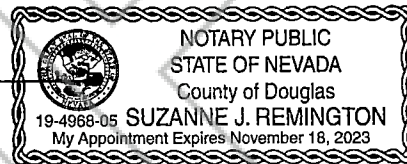




EXHIBIT 1

AFFIDAVIT OF DEATH OF JOINT TENANT
APN: 1320-35-002-058

Certificate of Death, State of Nevada, STANLEY G. KRACHER, Deceased

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4147910

CERTIFICATE OF DEATH

202001132
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Stanley Gene KRACHER		2. DATE OF DEATH (Mo/Day/Year) June 01, 2020		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Renown Regional Medical Center		3e. If Hosp. or inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 76		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) December 29, 1943		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 13		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Thelma Pauline DRAIN	
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-0617		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Quality Engineer		14b. KIND OF BUSINESS OR INDUSTRY Aircraft	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1755 Bitterbrush Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Frank KRACHER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Rosemarie SCHELBITZKI		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Thelma Pauline KRACHER		18b. MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) 1755 Bitterbrush Ct Gardnerville, Nevada 89410			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) HARRISON CODY BILLIAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD943		20c. NAME AND ADDRESS OF FACILITY Truckee Meadows Cremation and Burial 616 South Wells Avenue Reno NV 89502	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) JEREMY M GONDA 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) June 01, 2020		21c. HOUR OF DEATH 00:15		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Bjorn K Flora MD		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) Jeremy M Gonda MD 910 Vista Blvd Sparks, NV 89434			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER 14342		24a. REGISTRAR (Signature) BLAIR J HEDRICK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 02, 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) Acute Respiratory Failure With Hypoxia		Interval between onset and death		
		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
		(b) Cryptogenic Cirrhosis		Interval between onset and death		
		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
		(c) Cholangiocarcinoma		Interval between onset and death		
		DUE TO, OR AS A CONSEQUENCE OF:		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 1 Hypervolemia, Sepsis, Spontaneous Bacterial Peritonitis				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		



0000: 05:05 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.

DEPUTY REGISTRAR

Signature Authenticated

DATE ISSUED: **6/3/2020** This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

