

APN# 1320-33-717-021

Recording Requested by/Mail to:

Name: Michael G. Ravenscroft

Address: 1376 Winwood Way

City/State/Zip: Gardnerville, NV 89410

Mail Tax Statements to:

Name: Michael G. Ravenscroft

Address: 1376 Winwood Way

City/State/Zip: Gardnerville, NV 89410



KAREN ELLISON, RECORDER

#1

Affidavit of Death of Trustee

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)

Signature

Michael G. Ravenscroft

Printed Name

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

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4165125

CERTIFICATE OF DEATH

2020018912
STATE FILE NUMBER

| | | | | | | |
|--|---|---|--|---|---|----------------------------------|
| TYPE OR PRINT IN PERMANENT BLACK INK | 1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Max Leroy RAVENSCROFT | | 2 DATE OF DEATH (Mo/Day/Year) August 30, 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 number) 1381 Falstaff Lane | | 3e. If Hosp or Inst. indicate DOA,OPI/Emer. Rm Inpatient(Specify) Home | |
| | 4 SEX Male | | 7a AGE-Last birthday (Years) 85 | | 7b. UNDER 1 YEAR MOS DAYS HOURS MINS | |
| | 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | | 8 DATE OF BIRTH (Mo/Day/Yr) June 23, 1935 | |
| DECEDENT | 9a. STATE OF BIRTH (If not US/CA, name country) Kansas | | 9b. CITIZEN OF WHAT COUNTRY United States | | 10 EDUCATION 14 | |
| | 11 MARITAL STATUS (Specify) Divorced | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) | | | |
| | 13. SOCIAL SECURITY NUMBER [REDACTED]-3762 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) | | 14b. KIND OF BUSINESS OR INDUSTRY | |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS | 15a RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c CITY, TOWN OR LOCATION Gardnerville | |
| | 15d. STREET AND NUMBER 1381 Falstaff Lane | | 15e INSIDE CITY LIMITS (Specify Yes or No) Yes | | | |
| | 16. FATHER/PARENT - NAME (First Middle Last Suffix) Alvin Earl RAVENSCROFT | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Josephine Pauline MCCULLOUGH | | | |
| PARENTS | 18a INFORMANT- NAME (Type or Print) Michael G RAVENSCROFT | | 18b MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) 1376 Winwood Way Gardnerville, Nevada 89410 | | | |
| | 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory | | 19c. LOCATION City or Town State Carson City Nevada 89701 | |
| | 20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R BEAULAC SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD870 | | 20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502 | |
| TRADE CALL | 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) REED DOPF 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) September 01, 2020 | | 21c. HOUR OF DEATH 08:03 | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| CERTIFIER | 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) Reed Dopf MD 907 Mountain Street Carson City, NV 89703 | | | | 23b. LICENSE NUMBER 13920 | |
| | 24a REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED | | 24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 02, 2020 | | 24c DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| REGISTRAR | 25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) | | | | | Interval between onset and death |
| | PART I | | | | | |
| | (a) Cardiac Arrest | | | | | |
| CAUSE OF DEATH | DUE TO, OR AS A CONSEQUENCE OF: | | | | | Interval between onset and death |
| | (b) Acute On Chronic Heart Failure | | | | | |
| | DUE TO, OR AS A CONSEQUENCE OF: | | | | | Interval between onset and death |
| | (c) Ischemic Cardiomyopathy | | | | | |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST | DUE TO, OR AS A CONSEQUENCE OF: | | | | | Interval between onset and death |
| | (d) Coronary Heart Disease | | | | | |
| | PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1 | | | | 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. PLAGE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) | | 28g. LOCATION STREET OR R.F.D No CITY OR TOWN STATE | | |

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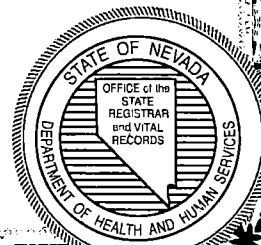
CERTIFIED COPY OF VITAL RECORDS

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:

Wesley T Storey
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE