

A.P.N. ~~21-471-04~~

1420-28-111-015

Recording Requested By:

When Recorded Return to:

Phillip Kasper
2960 Hot Springs Rd.
Minden, NV 89423

Mail Tax Information to:

Phillip Kasper
2960 Hot Springs Rd.
Minden, NV 89423



00123966202009576260040044

KAREN ELLISON, RECORDER

Title:

AFFIDAVIT OF DEATH OF JOINT TENANT

COPIES

COPIES

A.P.N. 21-471-04

Recording Requested By:
When Recorded Return to:

Dorothy Moreland
4901 Red's Grade
Carson City, NV 89703

Mail Tax Information to:

Same as above

AFFIDAVIT OF DEATH OF JOINT TENANT

Phillip J. Kasper, of legal age, husband of decedent named below, first being duly sworn, deposes and says:

That KATHIE R. KASPER, the decedent mentioned in the attached certified copy of Certificate of Death, who died on October 29, 2020 at Carson City, Nevada, is the same person as KATHIE R. KASPER, named as one of the parties in that certain Grant, Bargain and Sale Deed dated April 24, 1997, executed by Perry DiLoreto, authorized officer of DiLoreto Construction and Development Corp., to Phillip J. Kasper and Kathie R. Kasper, husband and wife as joint tenants, with right of survivorship, recorded as Document #0411208 of Official Records of Douglas County, Nevada, covering the following described real property in the County of Lyon, State of Nevada:

Lot 40, of Saratoga Springs Estates, Unit #2, filed in the Office of the Douglas County Recorder on May 23, 1994, in Book 594, Page 3894, as Document #338088 and amended by document recorded July 8, 1994, in Book 794, Page 1165, as Document #341498, Official Records.

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

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS, AS REQUIRED BY NRS 40.525 AND NRS 440.380(1)(a).

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

Dated: 12, 21, 2020

Phillip J. Kasper
PHILLIP J. KASPER

ACKNOWLEDGMENT

State of Nevada }
County of Carson City } ss.

On this 2nd day of December in the year 2020,

before me Heather Cooney personally appeared PHILLIP J. KASPER , 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 or she executed it. I declare under penalty of perjury that the person whose name is ascribed to this instrument appears to be of sound mind and under no duress, fraud or undue influence.

Heather Cooney
(Signature of Notary Public)



SEAL

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4175841

CERTIFICATE OF DEATH

2020024720
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) Kathie Rena KASPER		2 DATE OF DEATH (Mo/Day/Year) October 29, 2020		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 and number) Carson Tahoe Specialty Medical Center		3e If Hosp or Inst indicate DOA,OP/Emer. Rm Inpatient(Specify) Inpatient	
4 SEX Female		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	
8 DATE OF BIRTH (Mo/Day/Yr) January 22, 1944		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) Phillip Joel KASPER	
13 SOCIAL SECURITY NUMBER -4897		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) Chief Executive Officer		14b KIND OF BUSINESS OR INDUSTRY BANKING	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Minden	
15d STREET AND NUMBER 2960 Hot Springs Rd.		15e INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Ronald John HILL			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Katherine Lucile LONG		
18a INFORMANT- NAME (Type or Print) Phillip Joel KASPER		18b MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) 2960 Hot Springs Rd. Minden, Nevada 89423			
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) NORMA M FINKES SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD967		20c NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
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) MIGUEL A VILLAGRA-DIAZ 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) November 03, 2020		21c HOUR OF DEATH 17:05		22b DATE SIGNED (Mo/Day/Yr)	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Miguel A Villagra-Diaz MD 235 W 6th St Reno, NV 89503			
23b LICENSE NUMBER 18117		24a REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED			
24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 12, 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) Cardiopulmonary Arrest					
DUE TO, OR AS A CONSEQUENCE OF					
(b) Severe Sepsis					
DUE TO, OR AS A CONSEQUENCE OF					
(c) Pneumonia And Empyema					
DUE TO, OR AS A CONSEQUENCE OF					
(d) Hypoxemic Respiratory Failure					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Squamous Cell Carcinoma Of The Lung				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	



CERTIFIED COPY OF VITAL RECORDS

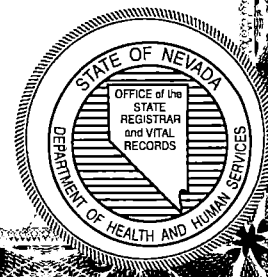
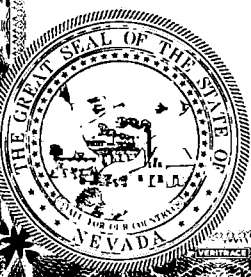
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

11/30/2020

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

Joe Spang
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE