

APN: 1220-16-710-045

After Recording Mail to:

Chris Borowick
2351 Juniper Rd.
Gardnerville, NV 89410



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)

Christopher Borowick, being duly sworn, declares:

That Larry Borowick, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Larry Borowick, named as one of the parties in the Grant, Bargain, Sale Deed executed by Robin Borowick, spouse of grantee, as Grantor, to Larry Borowick, a married man as his sole and separate property and Christopher Borowick, a single man, as joint tenants, and recorded as Instrument No.0721912 on April 22, 2008, in Book 0408, Page 5353 of Official Records of Douglas County, Nevada, covering the following described real property situated in Douglas County, State of Nevada:

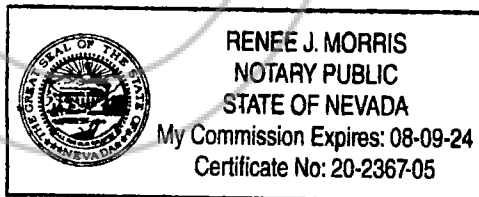
Lot 16, in Block B, of GARDNERVILLE RANCHOS UNIT NO. 4, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on April 10, 1967, as Document No. 35914.

Per NRS 111.312, this legal description was previously recorded at Instrument No.0721912 on April 22, 2008, in Book 0408, Page 5353 of Official Records of Douglas County, Nevada.

CHRISTOPHER BOROWICK

Subscribed and sworn to before me this 26th day of January 2021.

[Seal]



NOTARY PUBLIC

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4164621

CERTIFICATE OF DEATH

2020019438
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

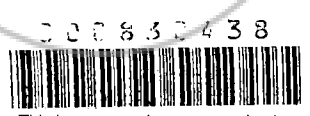
CERTIFIER

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) Larry Allen BOROWICK		2 DATE OF DEATH (Mo/Day/Year) August 28, 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 address) Carson Valley Medical Center		3e If Hosp or Inst indicate DOA/OP/Emer Rm Inpatient(Specify) Emergency Room / Outpatient	
5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthda (Years) 69	
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) Robin Christy GLIDDEN			
13. SOCIAL SECURITY NUMBER 0049		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b KIND OF BUSINESS OR INDUSTRY Engine Rebuilding	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Gardnerville	
15d STREET AND NUMBER 1331 Ritter Dr		15e INSIDE CITY LIMITS (Specify Yes or No) Yes			
16 FATHER/PARENT - NAME (First Middle Last Suffix) Earl Aurther BOROWICK			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Jonnie Cortez CORNELILUS		
18a INFORMANT- NAME (Type or Print) Robin Christy BOROWICK		18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1331 Ritter Dr Gardnerville, Nevada 89460			
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) CHRISTIE D WILDE		20b FUNERAL DIRECTOR LICENSE NUMBER FD917		20c NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmeralda Place Minden NV 89423	
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) JUDITH E ROSSO DO			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 03, 2020		21c HOUR OF DEATH 17:00		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)	
21e PRONOUNCED DEAD AT (Hour)		23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Judith E Rosso DO 1520 Virginia Ranch Rd Gardnerville, NV 89410			
23b LICENSE NUMBER DO750		24a REGISTRAR (Signature) WESLEY T STOREY			
24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 08, 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))				26 AUTOPSY (Specify Yes or No) No	
PART I				27 WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
(a) Cardiac Arrest		DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death Minutes	
(b) Diabetes Mellitus		DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death Years	
(c) Coronary Disease		DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death Years	
(d) Chronic Kidney Disease Stage 4		DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death Years	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I				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:

9/10/2020

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

Wesley T Storey
STATE REGISTRAR

