

APN 1420-28-401-005

When Recorded, Mail to:
Smith and Harmer, Ltd.
502 North Division Street
Carson City, Nevada 89703



KAREN ELLISON, RECORDER

Grantee Address:
1221 Melborn Way
Minden, Nevada 89423

This document contains a social security number in the death certificate attached pursuant to NRS 440.380

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
CARSON CITY)

I, JULIENE R. GLICK, being first duly sworn, depose and say:

1. That I am the surviving wife of EDWARD O. GLICK and fully informed as to the real property held by him at his death.

2. That the joint tenancy in the referenced property was created by that certain Joint Tenancy Deed dated April 21, 1992, and recorded April 27, 1992, as File No. 277119, Official Records of Douglas County, Nevada.

3. The real property owned by EDWARD O. GLICK and JULIENE R. GLICK on the date of the death of EDWARD O. GLICK on May 25, 2021, is more particularly described as follows:

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:


A parcel of land in the Southwest ¼ of the Southwest ¼ of Section 28, Township 14 North, Range 20 East, MDB&M.

COMMENCING at the Southwest corner of Section 28, Township 14 North, Range 20 East, MDB&M; thence East 511.34

feet on the South line of Section 28 to the TRUE POINT OF BEGINNING; thence North 0°04'48" East 360.50 feet; thence East 120.84 feet; thence South 0°04'48" West 360.50 feet; thence West 120.84 feet to the TRUE POINT OF BEGINNING.

This legal description was previously recorded April 27, 1992, as Document No. 277119, Official Records of Douglas County, Nevada.

3. A certified copy of the Certificate of Death of the decedent EDWARD O. GLICK is attached hereto showing his date of death on May 25, 2021.

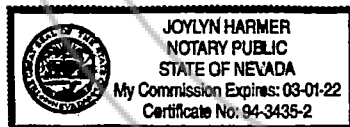


JULIENE R. GLICK

SUBSCRIBED and SWORN to before me
this 13TH day of July, 2021,
by JULIENE R. GLICK.



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. 4215106

CERTIFICATE OF DEATH

2021013012
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Edward Oliver GLICK JR		2. DATE OF DEATH (Mo/Day/Year) May 25, 2021		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) 1221 Melborn Way		3e. If Hosp. or Inst. indicate DOA,OP/Emer, Rm. Inpatient(Specify) Home	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 68	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) March 24, 1953	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
	13. SOCIAL SECURITY NUMBER ██████████ 6912		14a. USUAL OCCUPAT ON (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY GOVERNMENT	
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
	15d. STREET AND NUMBER 1221 Melborn Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Julie COLEGROVE	
DISPOSITION	11. MARITAL STATUS (Specify) Married		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Patricia JARVIS		18a. INFORMANT - NAME (Type or Print) Julie GLICK	
	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1221 Melborn Way Minden, Nevada 89423		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park	
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Cremations 1600 Buckeye Rd Minden NV 89423	
	20d. NAME AND ADDRESS OF FACILITY 1600 Buckeye Rd Minden NV 89423		21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) DAVID A JOHNSON MD		21b. DATE SIGNED (Mo/Day/Yr) May 25, 2021	
CERTIFIER	21c. HOUR OF DEATH 07:07		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)		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)	
REGISTRAR	22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) David A Johnson MD 925 Ironwood Drive, Suite 2102 Minden, NV 89423		23b. LICENSE NUMBER 12752	
	24a. REGISTRAR (Signature) BLAISE SATARIANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 02, 2021		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
	PART I		28a. ACC., SUICIDE, HOMICIDE, UNDETERMINED OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) Cardiac Arrest		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
	(b) Coronary Artery Disease		28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	
(c) End Stage Renal Disease		28g. LOCATION STREET OR R.F.D. No		CITY OR TOWN		
(d) Diabetes Mellitus Type II		28h. LOCATION		STATE		
PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.						



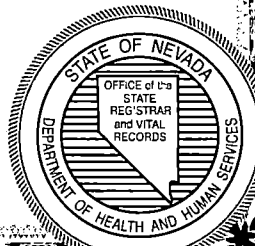
CERTIFIED COPY OF VITAL RECORDS

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: **6/4/2021**

Blaise Satariano
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE