

APN: 1022-15-001-005

After Recording Mail to:

Patricia L. Bell
5703 Rio Hondo Ave.
Temple City, CA 91780



00139515202109716350020024

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)

PATRICIA L. BELL, being duly sworn, declares:

That WILLIAM ROBERT SLAUGHTER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as WILLIAM R. SLAUGHTER, named as one of the parties in the Grant, Bargain, and Sale Deed executed by William R. Slaughter, Patricia L. Bell and William A. Bell, Jr. to William R. Slaughter, an unmarried man, and Patricia L. Bell, a married woman as her sole and separate proeprty, as joint tenants, and recorded as Instrument No.0703856 on June 26, 2007, in Book 0607, at Page 8250 of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

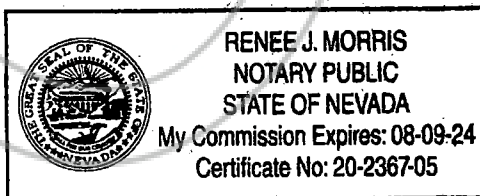
Lot 7, Block E, as shown on the Map entitled TOPAZ RANCH ESTATES, UNIT NO. 4, filed in the office of the County Recorder of Douglas County, State of Nevada, on November 16, 1970, in Book 1 of Maps, Page 224, as Document No. 50212.

Per NRS 111.312, this legal description was previously recorded at Document No.0703856 on June 26, 2007, in Book 0607, at Page 8250.

Patricia L Bell
PATRICIA L. BELL

Subscribed and sworn to before me this 28th day of July, 2021.

[Seal]



Renee J. Morris
NOTARY PUBLIC

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4220765

2021015154
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) William Robert SLAUGHTER		2. DATE OF DEATH (Mo/Day/Year) June 27, 2021		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 and number) Carson Valley Senior Living		3e. If Hosp. or Inst indicate DOA, OP, Emer. Rm. Inpatient (Specify) Assisted Living Facility	
5. RACE (Specify) White, Pueblo		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 94	
9a. STATE OF BIRTH (If not USA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	
11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		13. SOCIAL SECURITY NUMBER [REDACTED]-0992	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Salvage Diving		14b. KIND OF BUSINESS OR INDUSTRY Navy		14. SEX Male	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Year) March 16, 1927	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 3860 Walker View Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) William SLAUGHTER	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Marie JOJOLA		18a. INFORMANT - NAME (Type or Print) Patricia BELL		18b. MAILING ADDRESS - (Street or R.F.D. No./City or Town, State, Zip) 5703 Rio Hondo Ave. Temple City, California 91780	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Cremations 1600 Buckeye Rd 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) DOUGLAS VACEK DO 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 29, 2021		21c. HOUR OF DEATH 15:32		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) Douglas Vacek DO, 850 6th Street Lovelock, NV, 89419			
23b. LICENSE NUMBER 1125		24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 30, 2021		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). Interval between onset and death)					
PART I (a) Cardiac Arrest					
DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
(b) Congestive Heart Failure					
DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
(c) Atherosclerotic Cardiovascular Disease					
DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
(d) Hypertension					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I: Interval between onset and death					
Type 2 Diabetes					
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	

000877663



CERTIFIED COPY OF VITAL RECORDS

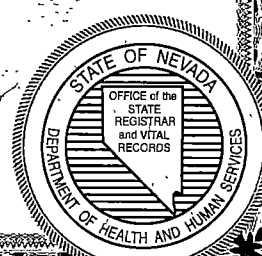
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 7/6/2021

Wesley Storey
STATE REGISTRAR

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