

DOUGLAS COUNTY, NV **2021-977721**
Rec:\$40.00
\$40.00 Pgs=2 11/30/2021 08:30 AM
SOURCEPOINT FULFILLMENT SERVICES, INC.
KAREN ELLISON, RECORDER

APN: 1420-07-613-015
RECORDING REQUESTED BY:
MARIANNE KARTER
AFTER RECORDING RETURN TO AND
MAIL TAX STATEMENTS TO:
1104 ADOBE DR
CARSON CIYT, NV 89705

1241583

AFFIDAVIT OF DEATH

Whereas I, Marianne Karter, have known Edward T Karter, for a great number of years. I know that Edward T Karter, deceased, shown in Death Certificate No. 2020011850 attached is one and the same person as in that certain Grant Deed, as Edward T Karter, Recorded on 2/26/1996 as Entry No. 300518, in Book 293, at Page 4435, of the Douglas County Recorder's Office.

Legal Description:

LOT 2, IN BLOCK B, AS SHOWN ON THE OFFICAL MAP OF SUNRIDGE UNIT NO. 1-A, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDED OF DOUGLAS COUNTY, NEVADA, ON APRIL 15, 1988 IN BOOK 488, PAGE 1638, AS DOCUMENT NO. 176220.

Dated this 4th Day of June, 2021

Marianne Karter
AFFIANT **Marianne Karter**

State of NEVADA)

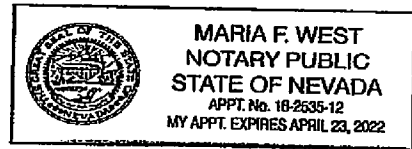
 :SS
COUNTY OF Carson City)
 DOUGLAS

On the 4th day of June, 2021, personally appeared before me Marianne Karter the signer of the foregoing instrument, who acknowledged to me that they executed the same.

Maria F. West

NOTARY PUBLIC

Residing at: Carson City
My Commission Expires: 4-23-2022



CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4149647

CERTIFICATE OF DEATH

2020011850
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) Edward T KARTER		2. DATE OF DEATH (Mo/Day/Year) June 04, 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 number) Carson Nursing and Rehabilitation		3d. If Hosp. or Inst. Indicate DOA, OPI/Emer. Rm. (Inpatient)(Specify) Assisted Living Facility	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last Birthday (Years) 87		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 21, 1933		9a. STATE OF BIRTH (If not US/CA, name country) New Jersey		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 13		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Marianne BARTMAN	
13. SOCIAL SECURITY NUMBER ██████████-5640		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Quality Assurance and Management)		14b. KIND OF BUSINESS OR INDUSTRY Aerospace	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 1104 Adobe Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Edmond KARTER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Eleanor DOYLE		
18a. INFORMANT- NAME (Type or Print) Marianne KARTER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1104 Adobe Dr. Carson City, Nevada 89705			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) HARRISON CODY BILLIAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD943		20c. NAME AND ADDRESS OF FACILITY Truckee Meadows Cremation and Burial 616 South Wells Avenue Reno NV 89502	
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 10, 2020		21c. HOUR OF DEATH 09:40		22b. DATE SIGNED (Mo/Day/Yr)	
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) 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 10, 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				Interval between onset and death	
(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 1. Advanced Age, Alzheimer's Disease				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a. ACC. SUICIDE, HON. 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	

000819008



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:

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

STATE REGISTRAR

