

DOUGLAS COUNTY, NV

**2022-984760**

Rec:\$40.00

\$40.00

Pgs=4

**05/09/2022 10:01 AM**

FNC TITLE SERVICES, LLC

KAREN ELLISON, RECORDER

**APN 1220-16-710-018**

Requested By:  
FNC Title Services

When Recorded Return to:  
FNC Title Services, LLC  
1300 Piccard Drive, Suite 105  
Rockville, MD 20852

2021-09-1198

**AFFIDAVIT OF CONTINUOUS MARRIAGE**

**COOPER**

2021-09-1198

**AFFIDAVIT OF CONTINUOUS MARRIAGE**

BEFORE ME, the undersigned authority, personally appeared Connie A Slader (Affiant), who after having been duly sworn according to law, deposed and stated as follows:

1. Affiant is the fee simple owner of the following described real property (the "Property") which has a mailing address of:

**Property Address: 852 Arrowhead Drive, Gardnerville, NV 89460  
Tax/Parcel ID No.: 1220-16-710-018**

2. At the time Affiant acquired title to the Property, Affiant was married to **Danny J. Slader** and remained continuously married to him/her without interruption up to the date of his/her death.

3. Affiant states and acknowledges that he/she is familiar with the nature of an oath and with the penalties as provided by laws of the State aforesaid for falsely swearing to statements made in an instrument of this nature. Affiant further certifies that he/she has read the full facts of this affidavit and understands its context.

4. Affiant acknowledges that this affidavit is made for the purpose of providing title insurance and shall be relied upon by FNC Title Services, LLC.

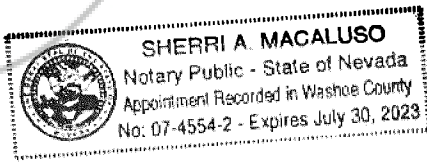
Connie A Slader  
Connie A Slader

STATE OF Nevada COUNTY OF Douglas, to wit:

Subscribed and sworn to before me this 4 day of January, 2022  
by Connie A Slader who is personally known to me.

Sherrin Macaluso  
Notary

My commission expires: 07/30/2023



This Affidavit was Prepared by  
an employee of FNC Title Services, LLC,  
1300 Piccard Drive, Suite 105  
Rockville, MD 20850

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**ORIGINAL**

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

CASE FILE NO. 4229853

**CERTIFICATE OF DEATH**

**2021019567**  
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

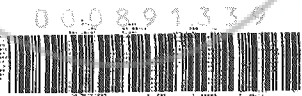
CERTIFIER

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) <b>Danny James SLADER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 15, 2021</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street number) <b>852 Arrowhead Dr.</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Home</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) <b>76</b>	
7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>September 12, 1944</b>	
9a. STATE OF BIRTH (If not US/CA name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Connie Arlene PETERSON</b>			
13. SOCIAL SECURITY NUMBER <b>██████████-2533</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Business Owner</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Carpet Cleaning</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>852 Arrowhead Dr.</b>		15e. INSIDE CRY LIMITS (Specify Yes or No) <b>Yes</b>			
16 FATHER/PARENT - NAME (First, Middle, Last Suffix) <b>John Samuel SLADER</b>			17 MOTHER/PARENT - NAME (First, Middle, Last Suffix) <b>Marjorie May BROWN</b>		
18a. INFORMANT - NAME (Type or Print) <b>Connie Arlene SLADER</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>852 Arrowhead Dr., Gardnerville, Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/Donation/Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Science Care</b>		19c. LOCATION City or Town State <b>Phoenix Arizona 85027</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>DENICE PORTILLO</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD872</b>		20c. NAME AND ADDRESS OF FACILITY <b>Waltons Funerals &amp; Cremations-Chapel of the Valley 1281 N. Rook Carson City NV 89706</b>	
TRADE CALL - NAME AND ADDRESS <b>Science Care 2001 W Pinnacle Peak Rd. Ste. 175 Phoenix AZ 85027</b>					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>B A BOTTENBERG DO</b>		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) <b>August 18, 2021</b>		21c. HOUR OF DEATH <b>09:42</b>		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) <b>B A Bottenberg DO, 550 W Washington #1 Carson City, NV 89706</b>				23b. LICENSE NUMBER <b>DO674</b>	
24a. REGISTRAR (Signature) <b>SHANA B RHINEHART</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 18, 2021</b>		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) <b>Respiratory Failure</b>				Interval between onset and death:	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death:	
(b) <b>Chronic Kidney Disease</b>				Interval between onset and death:	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death:	
(c) <b>Atherosclerotic Vascular Disease</b>				Interval between onset and death:	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death:	
(d)				Interval between onset and death:	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I <b>Coronary Artery Disease, Peripheral Vascular Disease</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
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	



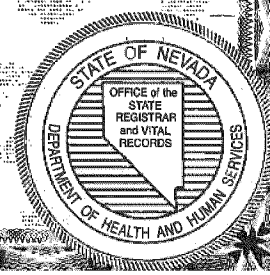
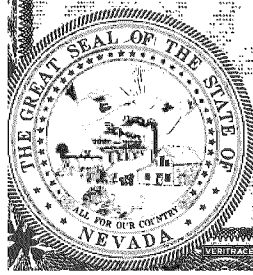
**CERTIFIED COPY OF VITAL RECORDS**

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: **9/16/2021**

*Shana B Rhinehart*  
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

Exhibit A

**LOT 18, IN BLOCK A, AS SAID LOT AND BLOCK ARE SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 4, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON APRIL 10, 1967, IN MAP BOOK 1, PAGE 055, FILING NO. 35914.**

**Being the same property conveyed to Danny J. Slader and Connie A. Slader, husband and wife, as joint tenants with right of survivorship from Michael F. Davis and Linda D. Davis and David D. Porras and Mary L. Porras by Grant Deed dated March 28, 1992 and recorded March 30, 1992 among the Land Records of Douglas County, State of Nevada in Book 392, Page 5212 Instrument No.**

**Tax Account #: 1220-16-710-018**

