

This document does contain a social security number pursuant to NRS 440.380(1)(a) & NRS 40.525(5)



KAREN ELLISON, RECORDER

Natalia K. Vander Laan, Esq.

APN: 1220-03-212-013

Recording requested by: )  
Barbara Moore )  
1409 Pin Oak Drive )  
Gardnerville, NV 89410 )

When recorded mail to: )  
Barbara Moore )  
1409 Pin Oak Drive )  
Gardnerville, NV 89410 )

Mail tax statement to: )  
Barbara Moore )  
1409 Pin Oak Drive )  
Gardnerville, NV 89410 )

### AFFIDAVIT – DEATH OF CO-OWNER

I, BARBARA HEATHER MOORE, of legal age, being first duly sworn, declare under penalty of perjury that:

ROBERT GLENN MOORE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ROBERT GLENN MOORE named as one of the parties (grantees) in that certain deed dated February 27, 2017, and executed by Don H. Titus and Carol A. Titus, husband and wife as joint tenants (grantors), to Robert Glenn Moore and Barbara Heather Moore, husband and wife as joint tenants with right of survivorship (grantees), recorded on March 14, 2017, as Document No. 2017-895934 of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

Lot 13, in Block G, as set forth on Final Subdivision Map LOA 01-047, Planned Unit Development for ARBOR GARDENS PHASE 3, filed for record in the office of the County Recorder of Douglas County, State of Nevada on November 19, 2004 in Book 1104, Page 9523, as Document No. 629883, and by Certificate of Amendment recorded August 30, 2005 in Book 805, Page 14668, as Document No. 653714, Official Records.

Subject to:

1. All general and special taxes for the current fiscal year.
2. Covenants, conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

Together with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

ROBERT GLENN MOORE, the deceased party, died on Dec 9, 2018, as shown in the attached certified copy of Certificate of Death.

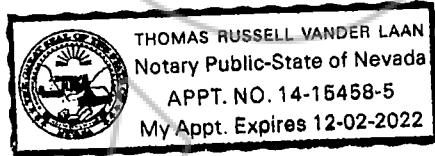
The Affiant is the Wife of the deceased party and now the sole owner of the subject property, holding title as a single woman as her sole and separate property.

Executed on this April 5, 2022, in Douglas County, State of Nevada.

*Barbara Heather Moore*  
 BARBARA HEATHER MOORE

STATE OF NEVADA            )  
   ): ss  
 COUNTY OF Douglas        )

Signed and sworn to (or affirmed) before me on this April 5, 2022, by BARBARA HEATHER MOORE.



*[Signature]*  
 \_\_\_\_\_  
 NOTARY PUBLIC

This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

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

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

CASE FILE NO. 4183118

**CERTIFICATE OF DEATH**

2020027369  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Robert Glenn MOORE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 08, 2020</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>Carson Valley Medical Center</b>		3e. If Hosp or Inst, indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) <b>Inpatient</b>	
DECEDENT	4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
	7a. AGE-Last birthday (Years) <b>73</b>		7b. UNDER 1 YEAR <b>MOS DAYS</b>		7c. UNDER 1 DAY <b>HOURS MINS</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) <b>October 15, 1947</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>14</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Barbara Heather TATE</b>	
PARENTS	13. SOCIAL SECURITY NUMBER <b>██████████ 7414</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Owner</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Hardware Store</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	15d. STREET AND NUMBER <b>1409 Pin Oak Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Glenn Devere MOORE</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Mary Phyllis BOUSMAN</b>		18a. INFORMANT- NAME (Type or Print) <b>Barbara Heather MOORE</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1409 Pin Oak Drive Gardnerville, Nevada 89410</b>	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden Nevada 89423</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>LYLE P MEYER</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD854</b>		20c. NAME AND ADDRESS OF FACILITY <b>Eastside Memorial Park Funeral &amp; Cremations</b> <b>1600 Buckeye Rd Minden NV 89423</b>	
CERTIFIER	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>WILLIAM L ELZI MD</b> <b>SIGNATURE AUTHENTICATED</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>December 08, 2020</b>	
	21c. HOUR OF DEATH <b>14:53</b>		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
REGISTRAR	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>William L Elzi MD 1107 Highway 395 Gardnerville, NV 89410</b>		23b. LICENSE NUMBER <b>17147</b>		24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b> <b>SIGNATURE AUTHENTICATED</b>	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 09, 2020</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) <b>PART I</b>	
	25. IMMEDIATE CAUSE (a) <b>Sepsis</b>		Interval between onset and death <b>36 Hours</b>		25. IMMEDIATE CAUSE (b) <b>Hip Fracture</b>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (c) <b>Renal Cell Cancer Unknown Metastatic Site</b>		Interval between onset and death <b>7 Days</b>		25. IMMEDIATE CAUSE (d)	
	25. IMMEDIATE CAUSE (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 1. <b>Arterial Vascular Disease</b>	
26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		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		



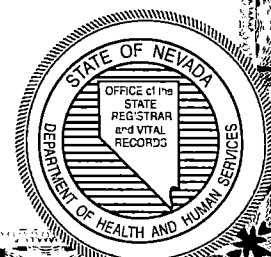
**CERTIFIED COPY OF VITAL RECORDS**

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:

*Wesley T Storey*  
STATE REGISTRAR

This copy is not valid unless accompanied by the engraved border displaying date, seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE