

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT DOES CONTAIN A SOCIAL SECURITY NUMBER AS REQUIRED BY LAW NRS 440.380(1)(a) and NRS 40.525(5)



00158132202209881160020028

KAREN ELLISON, RECORDER

APN: 1318-23-810-013

WHEN RECORDED MAIL TO:

CONNIE TERRY KAHN
P.O. Box 4056
Stateline, NV 89449

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

AFFIDAVIT OF DEATH OF JOINT TENANT

CONNIE TERRY KAHN being first duly sworn, deposes and says:

1. RICHARD E. KAHN died on June 9, 2021 and a certified copy of his Death Certificate is attached hereto as Exhibit "A".
2. That at the date of his death, said RICHARD E. KAHN was an owner in joint tenancy with the Affiant of certain real property located in Douglas County, State of Nevada, described as:

LOT 15, BLOCK A, AS SHOWN ON THE OFFICIAL MAP OF KINGSBURY MEADOWS SUBDIVISION, RECORDED IN THE OFFICE OF THE COUNTY RECORDER ON JULY 5, 1995, IN BOOK 1 OF MAPS AS DOCUMENT NO. 10542.

3. That said joint tenancy was created by a Deed dated March 9, 2020 and recorded on March 10, 2020 as File No. 943300, in the Douglas County Recorder's Office.
4. That upon the death of RICHARD E. KAHN, the Affiant became the sole owner of the above described property as her sole and separate property.

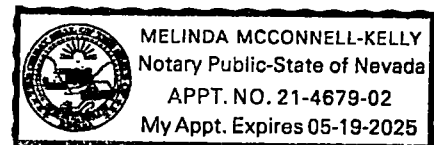
Connie Terry Kahn

Signature, CONNIE TERRY KAHN

State of Nevada)
CARSON CITY)

Subscribed and Sworn to me on August 2, 2022, by CONNIE TERRY KAHN who personally appeared before me, a Notary Public, and executed the above document.

Melinda McConnell-Kelly
NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4218008

CERTIFICATE OF DEATH

2021013833
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

Cremation

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) Richard Earl KAHN		2. DATE OF DEATH (Mo/Day/Year) June 09, 2021		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUT ON -Name(if not either, give street ar number) Renown South Meadows Medical Center		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 61		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 02, 1959		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Constance MCCORMICK	
13. SOCIAL SECURITY NUMBER 9296		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Pitboss		14b. KIND OF BUSINESS OR INDUSTRY CASINO	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Staline	
15d. STREET AND NUMBER 184 Cottonwood Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Arthur KAHN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Barbara DREILING		
18a. INFORMANT - NAME (Type or Print) Constance KAHN			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 184 Cottonwood Dr. Staline, Nevada 89449		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Masonic Memorial Gardens		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) KENNETH COX		20b. FUNERAL DIRECTOR LICENSE NUMBER FD755		20c. NAME AND ADDRESS OF FACILITY Mountain View Mortuary PO Box 5158 Reno NV 89513	
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) SIGNATURE AUTHENTICATED CHOUA THAO MD			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 11, 2021		21c. HOUR OF DEATH 15:59		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) Choua Thao MD 1155 Mill St Reno, NV 89502		23b. LICENSE NUMBER 18922	
24a. REGISTRAR (Signature) BLAIR J HEDRICK		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 14, 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).) PART I (a) Acute Hypoxemia Respiratory Failure		Interval between onset and death		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (b) Pneumonia		Interval between onset and death		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (c) Unknown Etiology		Interval between onset and death		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (d)		Interval between onset and death		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.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		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		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

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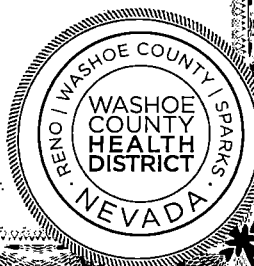
CERTIFIED COPY OF VITAL RECORDS

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.

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED: **6/17/2021** This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE