

Recording Requested By:
Robert P. Huckaby, Attorney at Law

When Recorded Mail To:

Barbara J. Smith
PO Box 1476
Zephyr Cove, NV 89448



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KAREN ELLISON, RECORDER

APN: 1318-15-611-020

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF CALIFORNIA) SS.
COUNTY OF EL DORADO)

BARBARA J. SMITH, of legal age, being first duly sworn, deposes and says:

That GLEN THOMAS SMITH, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as

GLEN T. SMITH named as one of the parties in that certain Grant, Bargain and Deed dated June 6, 1997 executed by DARBY E. HOPPIN and MAUDENE C. HOPPIN, husband and wife, to GLEN T. SMITH and BARBARA J. SMITH, husband and wife as joint Douglas County Official Records,

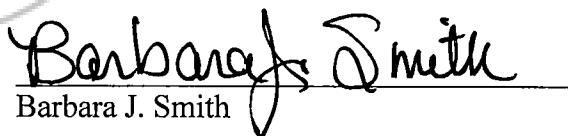
covering that certain real property situated in the County of Douglas, State of Nevada, commonly known as 305 Seminole Way, Zephyr Cove, Nevada, more particularly described as

Lot 1, Block C, as shown on the Map of Round Hill Village Unit No. 4, filed for record in the Office of the Douglas County, Nevada Recorder on April 25, 1966, as Document No. 31837,

Assessors Parcel No. 1318-15-611-020

I declare the foregoing is true and correct under penalty of perjury under the laws of the State of Nevada.

Dated: June 15, 2022


Barbara J. Smith

APN: 1318-15-611-020

ACKNOWLEDGMENT

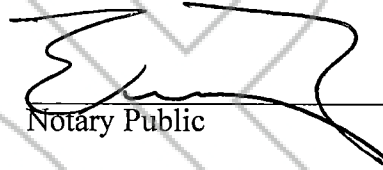
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA) SS.
COUNTY OF EL DORADO)

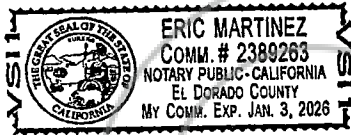
On 06.15.2022 before me, Eric Martinez, Notary Public, personally appeared Barbara J. Smith, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that, by his/her/their signature(s) on the instrument, the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal.



Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4217812

CERTIFICATE OF DEATH

2021013867
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) Glen Thomas SMITH JR		2. DATE OF DEATH (Mo/Day/Year) June 07, 2021		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street ar number) Renown Regional 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) 77		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) January 03, 1944		9a. STATE OF BIRTH (If not US/CA, name country) Ohio		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 19		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Barbara Jane SEITZ	
13. SOCIAL SECURITY NUMBER -2579		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Director of Quality Assurance		14b. KIND OF BUSINESS OR INDUSTRY Automotive	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Zephyr Cove	
15d. STREET AND NUMBER 305 Seminole Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Glen Thomas SMITH			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mildred E LINDSEY		
18a. INFORMANT- NAME (Type or Print) Barbara J SMITH		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 305 Seminole Way Zephyr Cove, Nevada 89448			
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) GERALDINE M RALLECA LLAGUNO APRN 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 14, 2021		21c. HOUR OF DEATH 16:00		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) Geraldine M Ralleca Llaguno APRN 1155 Mill St Reno, NV 89502				23b. LICENSE NUMBER APRN822452	
24a. REGISTRAR (Signature) BLAIR J HEDRICK SIGNATURE AUTHENTICATED		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) Intraparenchymal Hemorrhage Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Acute Hypoxic Respiratory Failure Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Sepsis Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Klebsiella 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	

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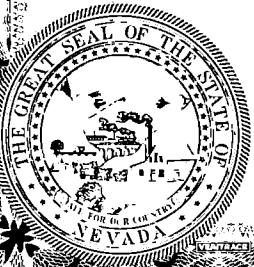
CERTIFIED COPY OF VITAL RECORDS

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: 6/15/2021 This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE