

APN 21-510-10

When Recorded, Return To:
Smith and Harmer, Ltd.
502 North Division Street
Carson City, Nevada 89703

Grantee's Address:
Norman Streeter
969 Parkview Court
Carson City, Nevada 89705

AFFIDAVIT OF DEATH

STATE OF NEVADA)
 : ss.
CARSON CITY)

I, NORMAN G. STREETER, also known as, NORMAN GRAVES STREETER, being first duly sworn, depose and say:

1. That I am the surviving husband of SALLY A. STREETER, also known as SALLY ANN STREETER, deceased, and as such am fully informed as to the real and personal property held by her at her death.

2. That the property was conveyed by that certain Corporation Grant Deed dated February 11, 1997, and said Deed was recorded on February 18, 1997, in the Official Records of Douglas County, State of Nevada, as Document No. 0406870, and by that deed created a community property interest with NORMAN G. STREETER in all that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

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Lot 76, in Block M, as set forth on the Final Map of Sunridge Heights, Phase 6A & 8A, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on May 1, 1995, Book 595, Page 1, as Document No. 361213 and by Certificate of Amendment recorded May 17, 1995, Book 595, Page 2588, as Document No. 362268, and also by Certificate of Amendment Recorded August 7, 1995, in Book 895, at Page 816, as Document No. 367680.

3. A certified copy of the Certificate of Death of the above-named decedent is attached hereto showing the date of death as December 5, 2023.

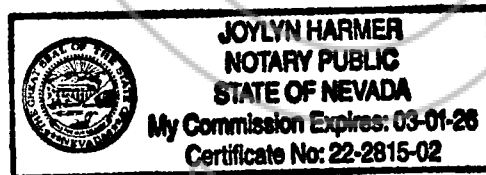


NORMAN G. STREETER

SUBSCRIBED and SWORN to before me this 27 day of December, 2023, by NORMAN GRAVES STREETER.



Notary Public
(Seal)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4385140

CERTIFICATE OF DEATH

2023027124
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) Sally Ann STREETER		2. DATE OF DEATH (Mo/Day/Year) December 05, 2023		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) Skyline Estates		3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Assisted Living Facility	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 83	
9a. STATE OF BIRTH (If not US/CA, name country) Massachusetts		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) Norman G STREETER		8. DATE OF BIRTH (Mo/Day/Yr) August 20, 1940	
13. SOCIAL SECURITY NUMBER 6286		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Bookkeeper		14b. KIND OF BUSINESS OR INDUSTRY Personal	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 969 Parkview Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) No		4. SEX Female	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Wilbert HERZIG			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Beatrice BARNES		
18a. INFORMANT- NAME (Type or Print) Norman G STREETER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 969 Parkview Ct Carson City, Nevada 89705			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BETHANY J RASMUSSEN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD969		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
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 A BOTTENBERG DO SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) December 08, 2023		21c. HOUR OF DEATH 16:15		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		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) B A BOTTENBERG DO 4095 North Carson Street Carson City, NV 89706				23b. LICENSE NUMBER DO674	
24a. REGISTRAR (Signature) JACKIE LYNN LARUE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 13, 2023		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) Cardiopulmonary Arrest Interval between onset and death					
(b) Atherosclerotic Cardiovascular Disease Interval between onset and death					
(c) Hyperlipidemia Interval between onset and death					
(d) Unknown Etiology 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. Hypertension				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	



CERTIFIED COPY OF VITAL RECORDS

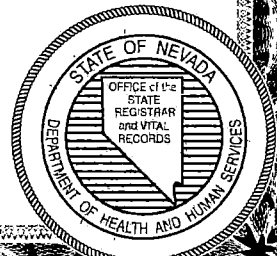
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

Cody L. Phinney

DATE ISSUED: 12/13/2023

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