

Recording Requested By
Acme Title and Escrow Services
522 Lander Street
Reno, NV 89509

DOUGLAS COUNTY, NV **2023-994371**
Rec:\$40.00
\$40.00 Pgs=3 02/28/2023 03:12 PM
ACME TITLE AND ESCROW SERVICES
SHAWNYNE GARREN, RECORDER

When Recorded Mail to
And Mail Tax Statements To
Susan Harper
1089 Conifer Drive
Minden, NV 89423

Escrow Number: 2023-FXF-3749
Title Number:
APN: 1320-29-119-005
Property: 1089 Conifer Drive, Minden, NV 89423

SPACE ABOVE IS RESERVED FOR RECORDER'S USE

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA }
COUNTY OF ~~WASCO~~ ^{Douglas} } S.S.

Susan Margaret Harper, of legal age, being first duly sworn, deposes and says:

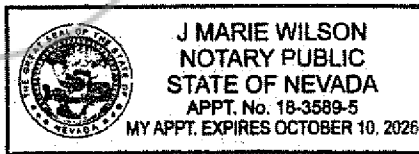
That Stephen Thomas Harper, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as named as one of the grantees in that certain Deed dated August 5, 2020 and executed by Paula Louise (Harper) Rosaschi, Successor Trustee of the Edna H. Campbell 1991 under Declaration of Trust dated September 23, 1991 and amended on November 19, 2008 to Stephen Thomas Harper and Susan Margaret Harper as joint tenants, which Deed was recorded on August 11, 2020 as Instrument Number 2020-950611 in Book on Page of the Official Records of Douglas County, State of Nevada, covering the following described property situated in the City of Minden, Douglas County, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

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

Witness my hand and official seal this 27TH day of February, 2023.

J Marie Wilson



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4267495

CERTIFICATE OF DEATH

2022004151
 STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

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) Stephen Thomas HARPER		2. DATE OF DEATH (Mo/Day/Year) February 10, 2022		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street number) Carson Valley Medical Center		3e. If Hosp. or Inst. indicate DOA, OP, Emer, Rm. Inpatient (Specify) Emergency Room / Outpatient	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE Last birthday (Years) 68	
8a. STATE OF BIRTH (If not US/CA name country) California		8b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER ██████████-5900		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Real Estate Title Officer		14b. KIND OF BUSINESS OR INDUSTRY Real Estate Title Company	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1089 Conifer Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) James Merrill HARPER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Edna Martha HEUBACH		
18a. INFORMANT-NAME (Type or Print) Susan HARPER		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1089 Conifer Dr Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL OTHER (Specify) Cremation		19b. CEMETERY OF CREMATORY - NAME Eastside Memorial Park		19c. LOCATION - City or Town - State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Cremations 1600 Buckeye Rd, Minden NV 89423	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) ANNE K BUTLER MD SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) February 15, 2022		21c. HOUR OF DEATH 20:45		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	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Anne K Butler MD 412 W John St, Ste B Carson City, NV 89703		23b. LICENSE NUMBER 18146			
24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 16, 2022		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).)					
(a) Cardiac Arrest				Interval between onset and death 30 Minutes	
(b) Coronary Artery Disease				Interval between onset and death 20 Years	
(c) Type 2 Diabetes				Interval between onset and death 20 Years	
(d) DUE TO, OR AS A CONSEQUENCE OF:				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.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. INJURY AT WORK (Specify Yes or No)		28e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28f. DESCRIBE HOW INJURY OCCURRED	
28g. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN STATE	



CERTIFIED COPY OF VITAL RECORDS

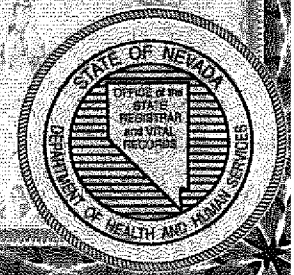
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

2/17/2022

[Signature]
 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"
PROPERTY DESCRIPTION

Parcel 1:

Unit 369, as shown on the Final Map No. 1008-9 for WINHAVEN, Unit No. 9, a Planned Unit Development, according to the map thereof, filed for record in the Office of the County Recorder of Douglas County, Nevada on July 8, 1999, in Book 799 of Official Records at Page 1253, as Document No. 472099.

Parcel 2:

A non-exclusive easement for use, enjoyment, ingress and egress over the common area as set forth in Declaration of Covenants Conditions and Restrictions recorded September 28, 1990, in Book 990, Page 4348, as Document No. 235644, Official Records.

APN: 1320-29-119-005

