

APN# 1318-23-710-069

Recording Requested by/Mail to:

Name: Kelly Lee Rogers

Address: 1890 Lousetown Road

City/State/Zip: Reno NV 89521

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

Affidavit Death of Joint Tenant

Title of Document (required)

Please complete the Affirmation Statement below:

The undersigned hereby affirms that the document submitted for recording DOES contain personal information as required by law: (check applicable)

- Affidavit of Death** – NRS 440.380 (1)(A) & NRS 40.525 (5)
- Military Discharge** – NRS 419.020 (2)
- Other NRS** _____ (state specific law)

-OR-

I the undersigned hereby affirm the attached document, including any exhibits, hereby submitted for recording does NOT contain the personal information of any person(s). (Per NRS 239B.030)



Signature

J Lane

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO:

Kelly Lee Rogers
1890 Lousetown Road
Reno NV 89521

A.P.N.: 1318-23-710-069
Order No.: ZC3748-JL
Escrow No.: ZC3748-JL

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF NEVADA)
COUNTY OF Douglas)

Kelly Lee Rogers, of legal age, being first duly sworn, deposes and says:

1. **Robert Wayne Cramer** is the decedent mentioned in the attached certified copy of Certificate of Death, who died on **June 16, 2023**, at **Reno Nevada, Washoe County**.
2. Declarant is a surviving Child of Decedent.
3. Declarant and Decedent are the same persons who are named as grantees in that certain deed dated **January 19, 2018**, executed by **Robert W. Cramer, a widower and Kelly Lee Rogers and Dianna D. Fowler Rogers Husband and Wife and Markus A. Houge a single man and Alexandria L. Rogers a single woman**, in favor of the grantees as **joint tenants**, recorded on **January 29, 2018**, as Instrument No. **2018-909801**, of Official Records of **Douglas County, California Nevada** describing the following real property:

Lot 69 of LAKEWOOD KNOLLS, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on May 29, 1958, in Book 1 of Maps, as Document No. 13163, of Official Records.

APN: 1318-23-710-069

Dated: April 4, 2024

Kelly Rogers

Kelly Lee Rogers

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 Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 1th day of April, 2024 by Kelly Lee Rogers, who proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Jane

J. LANE
Notary Public-State of Nevada
APPT. NO. 98-1380-5
My Appt. Expires 04-09-2025

(Seal)

CERTIFIED COPY OF DEATH CERTIFICATE ATTACHED

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4355246

CERTIFICATE OF DEATH

2023013639
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) Robert Wayne CRAMER		2. DATE OF DEATH (Mo/Day/Year) June 16, 2023		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno.		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street number) 1890 Lousetown Rd		3e. If Hosp or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 96		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS	
7d. UNDER 1 DAY HOURS		7e. UNDER 1 DAY MIN		8. DATE OF BIRTH (Mo/Day/Yr) May 21, 1927	
9a. STATE OF BIRTH (If not US/CA, name country) Nebraska		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 15	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER 3955		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY CASINO	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno	
15d. STREET AND NUMBER 1890 Lousetown Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First-Middle Last Suffix) Carlton Pierce CRAMER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Juanita V CAMPBELL		
18a. INFORMANT-NAME (Type or Print) Kelly ROGERS		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1890 Lousetown Rd Virginia City Highland, Nevada 89521			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE		20b. FUNERAL DIRECTOR LICENSE NUMBER FD622		20c. NAME AND ADDRESS OF FACILITY Wattons-Funerals & Cremations - Sierra Chapel 875 West Second St Reno NV 89503	
21. 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) SANDAR WIN MD. 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 21, 2023		21c. HOUR OF DEATH 10:45		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)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) Sandar Win MD 975 Kirman Ave Reno, NV 89502	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)		23b. LICENSE NUMBER 14869			
24a. REGISTRAR (Signature) KATHERINE J SULLIVAN		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 22, 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).)		Interval between onset and death			
PART I (a) Ischemic Heart Disease		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) Coronary Artery Disease		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) Diabetes		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(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 I. Hypertension, Heart Failure Preserved Ejection Fraction				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. 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	

000513695 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: 6/23/2023

This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

