

DOC # 822708  
04/30/2013 11:53AM Deputy: AR  
**OFFICIAL RECORD**  
Requested By:  
Western Title Company  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 4 Fee: \$17.00  
BK-413 PG-8873 RPTT: 0.00



APN#: 1420-34-201-025

**Recording Requested By:**  
Western Title Company

**When Recorded Mail To:**  
Mary L. Koehler  
2720 Gordon Ave.  
Minden, NV  
89423

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of a person or persons. (Per NRS 440.380)

Signature Traci Adams Escrow Officer

**Affidavit Death of Joint Tenant**

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)



### AFFIDAVIT - DEATH OF JOINT TENANT

Mary L. Koehler, of legal age, being first duly sworn, deposes and says:

That Leonard J. Koehler, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Leonard J. Koehler named as one of the parties in that certain Deed of Trust dated 3/25/1998 executed by John Deitrick and Claudia J. Deitrick to Leonard J. Koehler and Mary L. Koehler, husband and wife as joint tenants, recorded as instrument No.0441143 , on 6/2/1998, in Book 0698, Page 0639, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

A portion of the Southwest Quarter of the Northwest Quarter of Section 34, Township 14 North, Range 20 East, M.D.B. & M., more particularly described as follows:

Parcel 4 of Parcel Map for CARLOS V. WARD, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on April 24, 1990, in Book 490, Page 3079, Document No. 224468.

Affidavit – Death of Joint Tenant – Page 2

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property described, did not then exceed the sum of \$ .

Dated March 29, 2013



Mary L. Koehler  
Mary L. Koehler, Surviving Joint Tenant

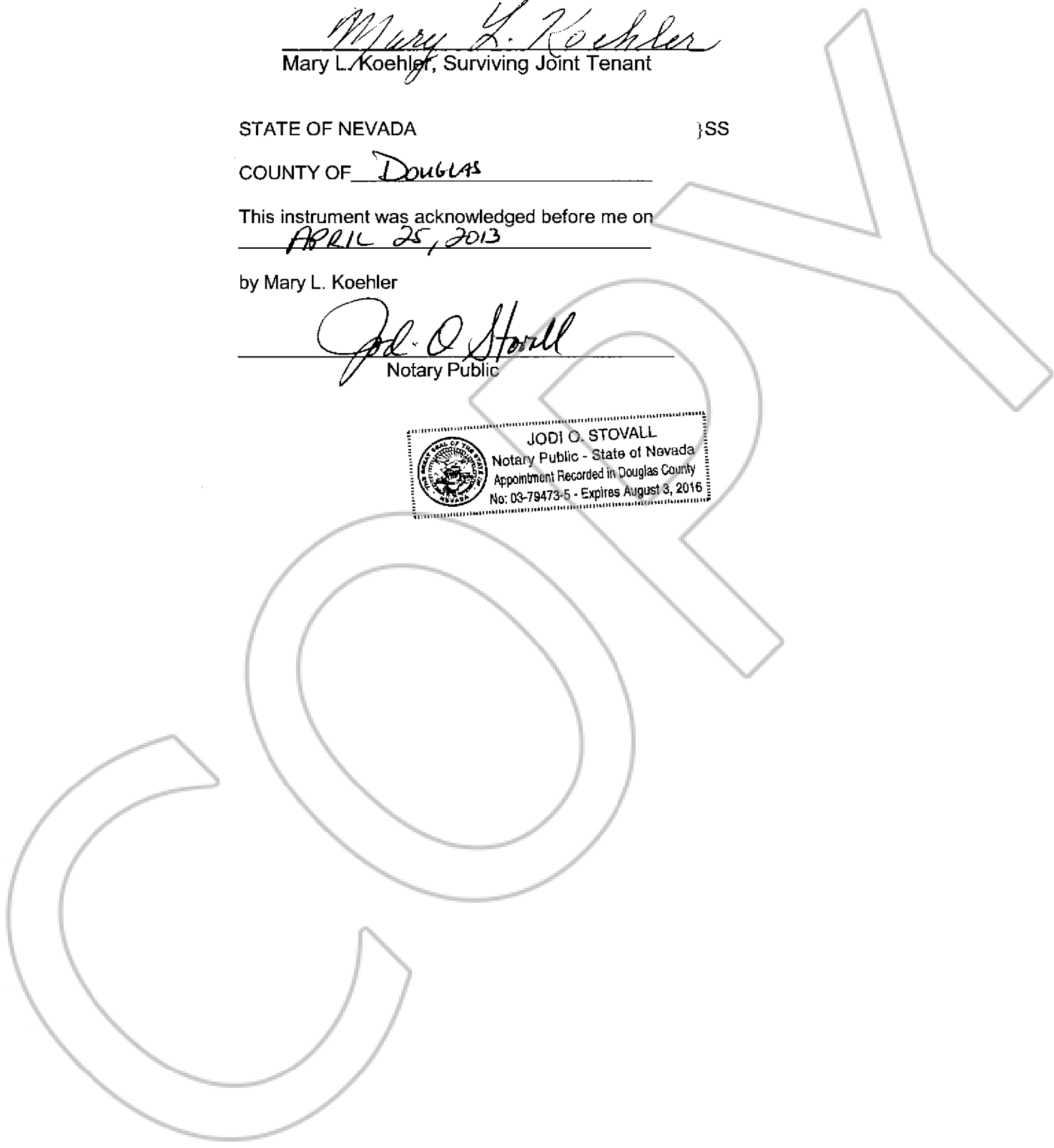
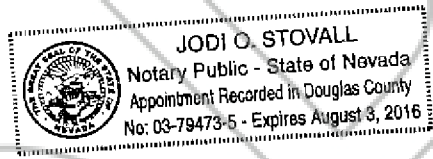
STATE OF NEVADA } SS

COUNTY OF DOUGLAS

This instrument was acknowledged before me on  
APRIL 25, 2013

by Mary L. Koehler

Jodi O. Stovall  
Notary Public



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

2011019856  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

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) <b>Leonard James KOEHLER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 17, 2011</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>2720 Gordon Ave</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. DATE OF BIRTH (Mo/Day/Yr) <b>May 16, 1927</b>	
6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>84</b>		7b. UNDER 1 YEAR MOS   DAYS	
7c. UNDER 1 DAY HOURS   MINS		8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>Mary L MOORE</b>	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>13</b>	
13. SOCIAL SECURITY NUMBER <b>2825</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even If Retired) <b>Firefighter</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>L.a. County Fire Dept.</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>2720 Gordon Ave</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		11. Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT -NAME (First Middle Last Suffix) <b>Leonard Louis KOEHLER</b>			17. MOTHER/PARENT -NAME (First Middle Last Suffix) <b>Kathleen GAVETT</b>		
18a. INFORMANT- NAME (Type or Print) <b>Mary L KOEHLER</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>2720 Gordon Ave Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION: City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICK NOEL</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE <b>820</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</b>	
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) <b>LEE ARLAN VAN EPPS M.D.</b> <b>SIGNATURE AUTHENTICATED</b>			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) <b>December 20, 2011</b>		21c. HOUR OF DEATH <b>18:35</b>		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) <b>Lee Arlan Van Epps M.D. 2874 N. Carson Street Suite 2 Carson City, NV 89706</b>			
23b. LICENSE NUMBER <b>5904</b>		24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> <b>SIGNATURE AUTHENTICATED</b>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 21, 2011</b>		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) <b>Congestive Heart Failure</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Coronary Artery Disease</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(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.				26. AUTOPSY: (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		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	

STATE REGISTRAR

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VRS-Rev 20110104

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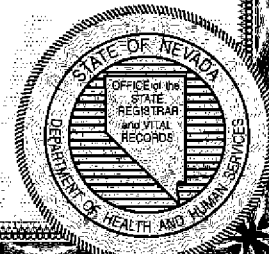
416435 CERTIFIED COPY OF VITAL RECORDS

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: 01/04/2012

*R. L. White*  
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE