

DOC # 843477
05/30/2014 09:36AM Deputy: AR
OFFICIAL RECORD
Requested By:
eTRCo, LLC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: \$16.00
BK-514 PG-5898 RPTT: 0.00

APN# : 1420-33-111-023

Recording Requested By:
eTRCo, LLC.

When Recorded Mail To:
Wendy L. Holden
963 Topsy Lane, Suite 306-378
Carson City, NV
89705

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature



Mary Kelsh

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

Wendy L. Holden, of legal age, being first duly sworn, deposes and says:

That Stephen A. Holden, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Stephen A. Holden named as one of the parties in that certain Grant Deed dated 9/16/1997 executed by H & S Construction, Inc., a Nevada Corporation to Stephen A. Holden and Wendy L. Holden, husband and wife as joint tenants with right of survivorship, recorded as instrument No. 0423635, on 10/9/1997, in Book 1097, Page 1786, 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:

Lot 80 in Block B of WILDHORSE SUBDIVISION UNIT NO. 3, a Planned Unit Development, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on July 2, 1990 in Book 790, as Page 26, as Document No. 229406.

Dated 5-13-14

Wendy L. Holden
Surviving Joint Tenant

STATE OF NEVADA } SS
COUNTY OF Douglas

This instrument was acknowledged before me on 5-13-14
by Wendy L. Holden

Mary Kelsh
Notary Public



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

ROLL 107 IMAGE 635 1604

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 CERTIFIER CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST CAUSE OF DEATH	LOCAL FILE NUMBER 1604	DECEASED—NAME 1. Stephen Allen HOLDEN			DATE OF DEATH (Month, Day, Year) 2. June 23, 2002	COUNTY OF DEATH 3a. Washoe
	CITY, TOWN OR LOCATION OF DEATH 3b. Reno	HOSPITAL OR OTHER INSTITUTION—Name (If not other, give street and number) 3c. Washoe Medical Center		If Hosp. or inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) 3a. Inpatient	SEX 4. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 53	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :	DATE OF BIRTH (Mo., Day, Yr.) 8. December 21, 194	
STATE OF BIRTH (If not U.S.A., name country) 9a. Virginia	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 14	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married		SURVIVING SPOUSE (If wife, give maiden name) 12. Wendy L. Kisor	
SOCIAL SECURITY NUMBER 13. 7233	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Engineer Technician		KIND OF BUSINESS OR INDUSTRY 14b. Natural Gas Distributor			
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Minden	STREET AND NUMBER 15d. 1282 Currycomb Ln.		INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes	
FATHER—NAME 16. Birchard Holden		MOTHER—MAIDEN NAME 17. Mary Sadler				
INFORMANT—NAME (Type or Print) 18a. Wendy L. Holden			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1282 Currycomb Lane, Minden, Nevada 89423			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Truckee Meadows Crematory		LOCATION City or Town State 19c. Sparks Nevada		
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>Carroll O. DeGuzman</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 20	NAME AND ADDRESS OF FACILITY 20c. Reno Memorial, 253 E. Arroyo, Reno, NV 89502			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>David Johnson, MD</i>		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) and manner stated. (Signature and Title) <i>David Johnson, MD</i>				
DATE SIGNED (Mo., Day, Yr.) 21b. 6/25/02		HOUR OF DEATH 21c. 0800		DATE SIGNED (Mo., Day, Yr.) 22b.		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON		PRONOUNCED DEAD (Hour) 22e. AT		
NAME AND ADDRESS OF CERTIFYING PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER. (Type or Print.) 23a. DR. DAVID JOHNSON, 50 KIRMAN #306, RENO, NV 89502					LICENSE NUMBER 23b. 2311	
REGISTRAR 24a. (Signature) <i>Landy Anthony</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. June 26, 2002		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						
PART 1	(a) Perforation sigmoid colon			Interval between onset and death		
	(b) Enterocolitis			Interval between onset and death		
	(c) Antibiotic therapy			Interval between onset and death		
PART 2	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. Wegener's granulomatosis, Renal failure			AUTOPSY (Specify Yes or No) 25. Yes	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No	
ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) 26a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.			
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		LOCATION. 28g.	STREET OR R.F.D. No.	CITY OR TOWN	STATE

STATE REC



BK 514
PG-5900

No. 219212

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This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar: *Barbara Lee Hunt*

Date: **JUN 29 2002**