

DOUGLAS COUNTY, NV

2015-866420

Rec:\$18.00

\$18.00 Pgs=5

07/17/2015 08:10 AM

LENDER RECORDING SERVICES

KAREN ELLISON, RECORDER

Recordation Requested By:
State Farm Bank, F.S.B.
One State Farm Plaza
Bloomington, IL 61710

~~When Recorded Mail To:~~
State Farm Bank, F.S.B.
PO Box 5961
Madison WI, 57305-0961

Return to: Dawn Tetlak/AEG
5455 Detroit Rd, STE B
Sheffield Village, OH 44054
440-716-1820

Send Tax Notices To:
Margaret Olesen
1043 Dresslerville Rd
Gardnerville, NV 89460

Recorder's Use Only

Document Prepared By:

Nicole Baldwin

Nicole Baldwin
State Farm Bank
111 Corporate Office Dr. Ste 300
St. Louis, MO 63045

AFFIDAVIT AS TO TENANCY BY ENTIRETIES

1832768-04
State of Nevada
County of Douglas

On this 8th day of May, 2015, before me personally
appeared Margaret Olesen personally known by me who being duly sworn on oath did say that Affiant is
the owner of the following property:

ALL THAT CERTAIN LOT, PIECE OR PARCEL OF LAND SITUATE IN
THE WEST HALF OF THE SOUTHWEST QUARTER OF SECTION 10,
TOWNSHIP 12 NORTH, RANGE 20 EAST, M.D.B. AND M., IN THE
COUNTY OF DOUGLAS, STATE OF NEVADA, DESCRIBED AS
FOLLOWS:
BEGINNING AT THE SOUTHWEST CORNER OF SAID SECTION 10;
THENCE NORTH 0 DEGREE 15 MINUTES WEST ALONG THE
WESTERN LINE OF SAID SECTION 10 A DISTANCE OF 1315.24 FEET
TO A POINT; THENCE SOUTH 89 DEGREES 51 MINUTES 45 SECONDS

EAST ALONG THE SOUTHERN BOUNDARY OF THE PARCEL OF LAND DESCRIBED IN THAT CERTAIN DEED RECORDED ON PAGE 733 IN BOOK 20, FILE NO. 23969, OFFICIAL RECORDS OF DOUGLAS COUNTY (EQUALS NORTH 89 DEGREES 51 MINUTES 45 SECONDS EAST ALONG THE NORTHERN BOUNDARY OF THE PARCEL OF LAND DESCRIBED IN THAT CERTAIN DEED, RECORDED AT PAGE 474 IN BOOK 52, OFFICIAL RECORDS OF DOUGLAS COUNTY) A DISTANCE OF 35.00 FEET TO THE TRUE POINT OF BEGINNING; THENCE SOUTH 89 DEGREES 51 MINUTES 45 SECONDS EAST, CONTINUING ALONG THE SOUTHERN BOUNDARY OF THE PROPERTY DESCRIBED IN SAID FILING NO. 23969, A DISTANCE OF 738.55 FEET TO A POINT; THENCE NORTH 41 DEGREES 16 MINUTES 09 SECONDS WEST, A DISTANCE OF 172.31 FEET TO A POINT; THENCE NORTH 63 DEGREES 18 MINUTES 09 SECONDS WEST, A DISTANCE OF 406.55 FEET TO A POINT; THENCE SOUTH 14 DEGREES 25 MINUTES EAST, (EQUALS SOUTH 15 DEGREES 25 MINUTES 00 SECONDS EAST, AS NOTED IN SAID FILING NO. 23969) A DISTANCE OF 270.00 FEET TO A POINT; THENCE NORTH 89 DEGREES 51 MINUTES 45 SECONDS WEST, A DISTANCE OF 329.13 FEET TO A POINT; THENCE SOUTH 0 DEGREE 15 MINUTES 45 SECONDS WEST, A DISTANCE OF 329.13 FEET TO A POINT; THENCE SOUTH 0 DEGREE 15 MINUTES EAST, A DISTANCE OF 49.69 FEET TO THE TRUE POINT OF BEGINNING.

TOGETHER WITH NON-EXCLUSIVE EASEMENTS AND RIGHTS OF WAY OVER AND ACROSS THE FOLLOWING:

PARCEL A:

THE NORTHERN FORTY (40) FEET OF A PARCEL OF LAND IN THE NORTHEASTERN PORTION OF THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 9, TOWNSHIP 12 NORTH, RANGE 20 EAST, M.D.B. AND M., AS THE SAME IS DESCRIBED IN THAT CERTAIN DEED RECORDED MAY 29, 1962, AT PAGE 784 IN BOOK 11, AS DOCUMENT NO. 20147, OFFICIAL RECORDS OF DOUGLAS COUNTY.

PARCEL B:

A PARCEL OF LAND IN THE SOUTHEASTERN PORTION OF THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 9, THE SOUTHWESTERN PORTION OF THE NORTHWEST QUARTER OF THE SOUTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 15, ALL IN TOWNSHIP 12 NORTH, RANGE 20 EAST, M.D.B. AND M., DESCRIBED AS FOLLOWS, TO WIT:

BEGINNING AT THE SECTION CORNER COMMON TO SECTIONS 9,

10, 15 AND 16, TOWNSHIP 12 NORTH, RANGE 20 EAST, M.D.B. AND M.; THENCE NORTH 0 DEGREES 15 MINUTES WEST, A DISTANCE OF 1315.24 FEET TO THE TRUE POINT OF BEGINNING; THENCE NORTH 0 DEGREES 15 MINUTES WEST A DISTANCE OF 5.56 FEET TO A POINT; THENCE WESTERLY A DISTANCE OF 16 FEET TO THE SOUTHWEST CORNER OF THE PARCEL OF LAND DESCRIBED IN THAT CERTAIN DEED RECORDED AT PAGE 495 IN BOOK D-1, RECORDS OF DOUGLAS COUNTY; THENCE NORTHERLY ALONG THE WESTERN BOUNDARY OF SAID PARCEL A DISTANCE OF 44.23 FEET TO A POINT; THENCE SOUTH 89 DEGREES 51 MINUTES 45 SECONDS EAST, A DISTANCE OF 50.99 FEET TO A POINT; THENCE SOUTH 0 DEGREE 15 MINUTES EAST, A DISTANCE OF 49.69 FEET TO A POINT; THENCE NORTH 89 DEGREES 51 MINUTES 45 SECONDS WEST, A DISTANCE OF 35.00 FEET TO THE TRUE POINT OF BEGINNING.

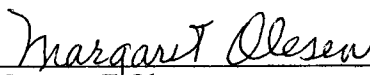
THIS BEING THE SAME PROPERTY CONVEYED TO ANKER OLESEN AND MARGARET E. OLESEN, HUSBAND AND WIFE, AS JOINT TENANTS WITH RIGHT OF SURVIVORSHIP, DATED 07/26/1989 AND RECORDED ON 08/23/1989 IN BOOK 889, PAGE 3331, IN THE DOUGLAS COUNTY RECORDERS OFFICE.

And that said property was formerly owned as tenants by the entirety by Anker Olesen and Margaret E Olesen.

That said Anker Olesen died on the 5th day of September in the year 2011.

That said parties Anker Olesen and Margaret E Olesen were never divorced.

That the estate of deceased together with that owned by them jointly was less than \$5,000,000.00 and hence was not subject to Federal Estate Tax.


Margaret E Olesen

ACKNOWLEDGMENT

STATE OF Nevada

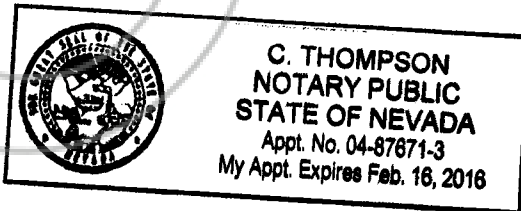
COUNTY OF Douglas

On this, the 8 day of MAY, 2015, before me Cindy Thompson, the undersigned officer, personally appeared MARGARET Olesen, known to me (or proven) to be the person whose name is subscribed to the within instrument, and acknowledged that MARGARET Olesen executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seals.

Cindy Thompson

Notary Public in and for the State of Nevada



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2011014781
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) Anker OLESEN		2. DATE OF DEATH (Mo/Day/Year) September 05, 2011		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) 1043 Dresslerville Rd		3e. If Hosp. or Inst. Indicate DOA, OP/ Emer. Rm. Inpatient (Specify) Home	
4. SEX Male		7a. AGE-Last birthday (Years) 97		8. DATE OF BIRTH (Mo/Day/Yr) May 20, 1914	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS DAYS 7c. UNDER 1 DAY HOURS MINS	
9a. STATE OF BIRTH (if not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Margaret Ellen MAGNESS			
13. SOCIAL SECURITY NUMBER -7709		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Warehouseman		14b. KIND OF BUSINESS OR INDUSTRY Grocery Industry	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1043 Dresslerville Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Hans A OLESEN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Bertha C JERGENSEN		
18a. INFORMANT - NAME (Type or Print) Margaret E OLESEN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1043 Dresslerville Rd Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Northern Nevada Veterans Cemetery		19c. LOCATION City or Town State Fernley Nevada 89408	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
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) GARRETT DONALD SCHWARTZ M.D. 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) September 07, 2011		21c. HOUR OF DEATH 18:15		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Schwartz, Garrett Donald		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) Garrett Donald Schwartz M.D. 1107 Highway 395 Gardnerville, NV 89410				23b. LICENSE NUMBER 9086	
24a. REGISTRAR (Signature) RHONDA PENA SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 26, 2011		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) Congenital Heart Failure				Interval between onset and death	
(c) Nocturnal Hypoxemia				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 1.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a. ACC., BULGIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED					
29e. 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

3612849

404515

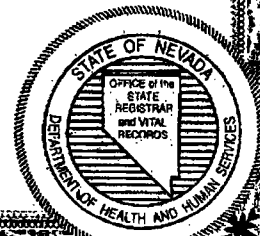
CERTIFIED COPY OF VITAL RECORDS

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: **09/26/2011**

Rhonda Pena
SIGNATURE AUTHENTICATED

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



VRS-Rev-20110104

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE