

APN# : 1220-25-501-001

072563-TEA

Recording Requested By:
Western Title Company

When Recorded Mail To:

Regina A. Olson

1912 Wiseman Lane

Gardnerville NV

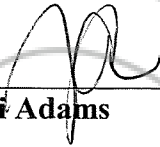
89410

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



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

Regina A. Olson, of legal age, being first duly sworn, deposes and says:

That Steven Mathew Olson, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Steven Mathew Olson named as one of the parties in that certain Grant Bargain and Sale Deed dated 12/23/2013 executed by Martha A. Fritz and Christine E. Vido, Co-Trustees of The Fritz Family Trust created on November 21, 2000 to Steven M. Olson and Regina A. Olson, Husband and Wife as Community Property, with right of Survivorship, recorded as instrument No. 836145, on 12/30/2013, in Book 1213, Page 5444, 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:

Parcel B, as set forth on Parcel Map #1 for Richard M. and Margaret A. Wiseman, being a portion of the Northwest 1/4 of the Northeast 1/4 and the Northeast 1/4 of the Northwest 1/4 of Section 25, Township 12 North, Range 20 East, M.D. B. & M., filed for record September 13, 1983, in Book 983, Page 811, Document No. 86761, Official Records of Douglas County, State of Nevada.

Dated 7/10/15



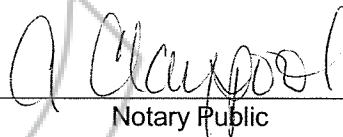
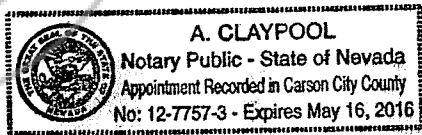
Regina A. Olson, Surviving Joint Tenant

STATE OF NEVADA }SS
COUNTY OF Douglas

This instrument was acknowledged before me on

July 10, 2015

by Regina A. Olson.


Notary Public

CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2014020577

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Steven Mathew OLSON		2. DATE OF DEATH (Mo/Day/Year) December 03, 2014		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 city) 1912 Wiseman Lane		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 52		7b. UNDER 1 YEAR MO'S DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) November 09, 1962		9a. STATE OF BIRTH (If not U.S.A.) Nebraska		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) Regina A CRUMP	
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-4968		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Career Military		14b. KIND OF BUSINESS OR INDUSTRY U.s. Marine Corps	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1912 Wiseman Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Roger Allen OLSON	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Janice Marie SMITH		18a. INFORMANT- NAME (Type or Print) Regina A OLSON			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1912 Wiseman Lane Gardnerville, Nevada 89410				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
	19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER		20b. FUNERAL DIRECTOR LICENSE NUMBER 823		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated. (Signature & Title) DENVER JOEL MILLER JR. M.D.		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) December 05, 2014		21c. HOUR OF DEATH 15:45		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	
CAUSE OF DEATH	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH			
	22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Denver Joel Miller Jr. M.D. 5538 Longley Lane Ste B Reno, NV 89511				23b. LICENSE NUMBER 7330	
	24a. REGISTRAR (Signature) RHONDA PENA		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 17, 2014		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STATE REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				26. AUTOPSY (Specify Yes or No) No	
	PART I				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
(a) Metastatic Cancer Of The Rectum				Interval between onset and death Months		
(b) DUE TO, OR AS A CONSEQUENCE OF: Liver Disease				Interval between onset and death Months		
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(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 1.						
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		
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		
				28d. DESCRIBE HOW INJURY OCCURRED		

STATE REGISTRAR

557281

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.

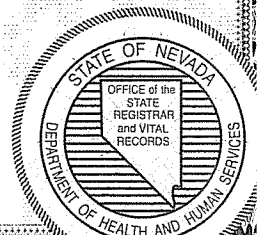
DATE ISSUED:

12/18/2014

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

R. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



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