

Assessor's Parcel Number: 1220-16-510-021



KAREN ELLISON, RECORDER

Recording Requested by:

✓ Nancy Rey Jackson, Ltd.  
1591 Mono Avenue  
Minden, NV 89423

Grantee's Address is &  
Mail Tax Statements to:

Herman John Kuhl  
1252 Sorensen Lane  
Gardnerville, NV 89460

\_\_\_\_\_ I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

JK I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law.

(State specific law):

**NRS 440.090 Requisites of certificates.**

**NRS 440.380(1)(a) Medical certificate of death: Signature; contents**

**NRS 40.525(5) Death certificate attached to affidavit**

Signature

*Nancy Rey Jackson*  
Nancy Rey Jackson

\_\_\_\_\_  
Attorney for Grantee

**AFFIDAVIT OF SURVIVING JOINT TENANTS**

STATE OF NEVADA )

) ss.

COUNTY OF DOUGLAS )

HERMAN JOHN KUHL, JR. and VICKIE L. SIESS, of legal age, being duly sworn, depose and say:

1. That VIRGINIA L. KUHL, the decedent mentioned in the attached certified copy of certificate of death, was until her death, and is the same person as VIRGINIA L. KUHL, named as one of the parties in that certain deed by and between HERMAN JOHN KUHL, JR. and VIRGINIA L. KUHL, husband and wife, and VICKIE L. SIESS, a married woman as her sole and separate property, all as joint tenants with right of survivorship, concerning the real property situate in the situate in Douglas County, Nevada, at 966 Arrowhead Drive, Gardnerville, Nevada, more particularly described as:

LOT 415, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 2, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON JUNE 1, 1965, AS DOCUMENT NO. 28309 AND ON JUNE 4, 1965, AS DOCUMENT NO. 28377.

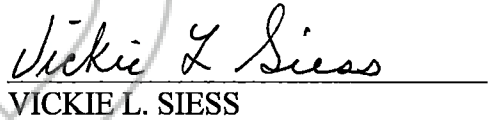
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2. Tenancy was established by way of that certain Grant, Bargain and Sale Deed recorded in the office of the County Recorder of Douglas County, Nevada, on February 16, 2001, as Document No. 0508888, Book 0201, Page 3272.

3. That this affidavit is executed and recorded for the purposes of terminating the interest of said VIRGINIA L. KUHL in and to the hereinabove-described real property.

Dated this 9<sup>th</sup> day of February, 2016.

  
HERMAN JOHN KUHL, JR.

  
VICKIE L. SIESS

On this 9<sup>th</sup> day of February, 2016, personally appeared before me, a Notary Public, HERMAN JOHN KUHL, JR. and VICKIE L. SIESS, personally known or proved to me to be the persons whose names are subscribed to the above instrument and who acknowledged that they executed the above instrument.

  
NOTARY PUBLIC



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

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

2015018340  
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) Virginia Lou <b>KUHL</b>		2. DATE OF DEATH (Mo/Day/Year) October 23, 2015		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 Carson Valley Senior Living		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Residential Care Facility	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 77		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) April 15, 1938	
9a. STATE OF BIRTH (If not U.S.A., Minnesota		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARRIED, NEVER MARRIED, WIDOWED DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Herman John KUHL JR		13. SOCIAL SECURITY NUMBER ██████████ 3234	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Legal Secretary		14b. KIND OF BUSINESS OR INDUSTRY Law		15. Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1252 Sorensen Ln		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Richard CROSBY	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Margaret MATHESON		18a. INFORMANT - NAME (Type or Print) Herman John KUHL JR		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1252 Sorensen Ln, Gardnerville, Nevada 89460	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 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) <b>STEVEN L PHILLIPS M.D.</b> 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) October 26, 2015		21c. HOUR OF DEATH 01:23		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) Steven L Phillips M.D. 5250 Neil Rd Ste #207 Reno, NV 89502			
23b. LICENSE NUMBER 6596		24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 27, 2015	
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>Cardiac Arrest</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Atherosclerotic Heart Disease</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Hypertension</b> DUE TO, OR AS A CONSEQUENCE OF: (d)			
Interval between onset and death Minutes		Interval between onset and death Years			
Interval between onset and death Years		Interval between onset and death Years			
Interval between onset and death		Interval between onset and death			
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
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.		28h. CITY OR TOWN STATE	

STATE REGISTRAR

3859537

602043

CERTIFIED COPY OF VITAL RECORDS

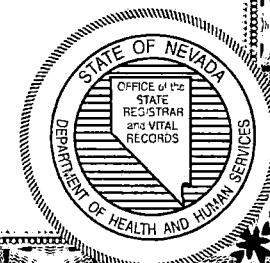
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 11/5/2015

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

*R. J. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE