

APN: 1220-16-210-117
Recording requested by, and please
send recorded document and
future tax statements to:



KAREN ELLISON, RECORDER

Sharyn Lee Holland
1246 Kingston Way
Gardnerville, NV 89460

STATE OF Nevada)
COUNTY OF Douglas)

Affidavit of Death
Pursuant to NRS § 111.365

The affiant, Sharyn Holland, being first duly sworn, deposes and states that:

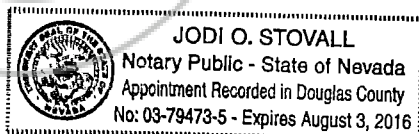
1. The affiant is of legal age
2. That Daniel Holland, the decedent mentioned in the attached certified certificate of death, who died on July 30, 2014, in Gardnerville, Nevada, is the same person as Daniel Holland.
3. That the affiant and the decedent were both grantees in that certain Grant deed dated 7/5/11, recorded on 8/5/11, as book/page 811-980 or instrument # 787542 in the records of Douglas County, Nevada, and executed by the grantor(s) Bank of New York Mellon to the grantee(s) Daniel Holland and Sharyn Holland as wife and husband joint tenants covering the real property commonly known as 1246 Kingston Way, City of Gardnerville, County of Douglas, State of Nevada, more particularly described as:
lot 20, Block E, Amended map of Rancho Estates, filed on Oct. 30, 1972 in book 1072, page 642 as Document no. 62493
4. That the relationship between the affiant and the decedent was that of: wife

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

In witness whereof, I set my hand this 21 day of June, 2016.

Sharyn Holland
Affiant
Sharyn Holland
Print name

Subscribed and sworn to before me on June 21, 2016 by SHARYN HOLLAND.



Jodi O Stovall
Notary Public
Jodi O Stovall
Notary name

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

VITAL STATISTICS

CERTIFICATE OF DEATH

2014017471

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) Daniel Wayne HOLLAND			2. DATE OF DEATH (Mo/Day/Year) July 30, 2014		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Kingsbury Grade Rd		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) State Route 207 @ Mile Marker 10		3e. If Hosp or Inst. indicate DOA, OPI/Emer Rm. Inpatient(Specify) State Route 207 @ Mile Marker 10		4. SEX Male
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 45	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) September 06, 1968
9a. STATE OF BIRTH (If not U.S.A., name country) Florida		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) Sharyn CARROLL		13. SOCIAL SECURITY NUMBER ██████████-9558		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Prep Cook		14b. KIND OF BUSINESS OR INDUSTRY Hard Rock Cafe
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1246 Kingston Way	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert D HOLLAND			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Catherine BALVIN			
18a. INFORMANT- NAME (Type or Print) Sharyn HOLLAND			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1246 Kingston Way 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) 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) RYAN GRANT 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) RYAN GRANT SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr) October 18, 2014		21c. HOUR OF DEATH 23:52	22b. DATE SIGNED (Mo/Day/Yr) October 18, 2014		22c. HOUR OF DEATH 23:52	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr) July 30, 2014		22e. PRONOUNCED DEAD AT (Hour) 23:52	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Ryan Grant P O Box 218 Minden, NV 89423					23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 28, 2014		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) Multiple Blunt Force Injuries					Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF.					Interval between onset and death	
(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.					26. AUTOPSY (Specify Yes or No) Yes	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes						
28a. ACC, SUICIDE, HOM, UNDET, OR PENDING INVEST. (Specify) ACCIDENT	28b. DATE OF INJURY (Mo/Day/Yr) July 30, 2014	28c. HOUR OF INJURY 2352	28d. DESCRIBE HOW INJURY OCCURRED Motor vehicle accident			
28e. INJURY AT WORK (Specify Yes or No) No	28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Street	28g. LOCATION STREET OR R.F.D. No. State Route 207 @ Mile Marker 10	CITY OR TOWN Kingsbury Grade	STATE Nevada		

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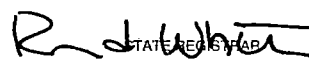
STATE REGISTRAR

STATE REGISTRAR

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: **11/05/2014**


 STATE REGISTRAR
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

VRS-Rev-20120523a

