

APN# : 1220-24-302-019

083085-TEA

Recording Requested By:

Western Title Company

When Recorded Mail To:

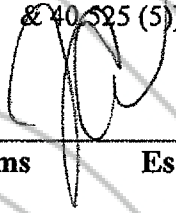
Kristine Kay Theilen

5700 Ygnacio Dr

Sacramento, CA 95842

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

Kristine Kay Theilen, of legal age, being first duly sworn, deposes and says:

That Kyle Henry Theilen, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Kyle Henry Theilen named as one of the parties in that certain Joint Tenancy Deed dated 10/17/1977 executed by Colleen Greismeister, a married woman, trustee for Michael D. Faiss, a minor to Kyle Henry Theilen and Kristine Kay Theilen, husband and wife as joint tenants, recorded as instrument No. 14759, on 10/19/1977, in Book 1177 Page 415, 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:

Being a portion of the Southwest 1/4 of the Northwest 1/4 of Section 24, Township 12 North, Range 20 East, M.D.B.&M., described as follows:

Commencing at the West 1/4 corner of Section 24, Township 12 North, Range 20 East, M.D.B.&M.; thence South 660 feet; thence East 1295 feet; thence North 282.86 feet to the TRUE POINT OF BEGINNING; thence West 305 feet; thence North 141.43 feet; thence East 305 feet; thence South 141.43 feet to the TRUE POINT OF BEGINNING.

NOTE: The above metes and bounds description appeared previously in that certain Joint Tenancy Deed recorded in the office of the County Recorder of Douglas County, Nevada on October 13, 1977, in Book 1077, Page 1098 as Document No. 14146, of Official Records, Said document was re-recorded on November 7, 1977, in Book 1177, Page 415 as Document No. 14759, Official Records of Douglas County, Nevada.

Dated _____

9/29/16

Kristine Kay Theilen
Kristine Kay Theilen
Surviving Joint Tenant

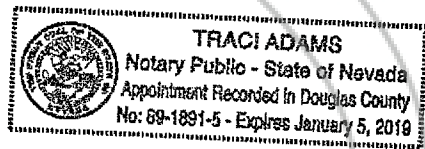
STATE OF NEVADA }SS

COUNTY OF Douglas

This instrument was acknowledged before me on 9/29/16

By Kristine Kay Theilen.

[Signature]
Notary Public



CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2013012018

STATE FILE NUMBER

| | | | | | | |
|---|---|---|--|--|---|--|
| TYPE OR PRINT IN PERMANENT BLACK INK | 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Kyle Henry THEILEN | | 2. DATE OF DEATH (Mo/Day/Year) June 08, 2013 | | 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) 696 Pinto Circle | | 3d. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home | |
| DECEDENT | 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | | 7a. AGE-Last birthday (Years) 59 | |
| | 7b. UNDER 1 YEAR MOS | | 7c. UNDER 1 DAY HOURS | | 7d. UNDER 1 DAY MINS | |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS | 9a. STATE OF BIRTH (If not U.S.A., name country) California | | 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) Kristine ZEKA | | | |
| PARENTS | 13. SOCIAL SECURITY NUMBER 3812 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Dealer | | 14b. KIND OF BUSINESS OR INDUSTRY Gaming | |
| | 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Gardnerville | |
| DISPOSITION | 15d. STREET AND NUMBER 696 Pinto Circle | | 15e. INSIDE CITY LIMITS (Specify Yes or No) No | | | |
| | 16. FATHER/PARENT - NAME (First Middle Last Suffix) Gordon Henry THEILEN | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Carolyn June SIMON | | |
| TRADE CALL | 18a. INFORMANT - NAME (Type of Print) Kristine THEILEN | | 18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 696 Pinto Circle 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 (Of Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE 823 | | 20c. NAME AND ADDRESS OF FACILITY Capital City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703 | |
| | 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) STUART SHIPLEY 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) STUART SHIPLEY SIGNATURE AUTHENTICATED | | | |
| | 21b. DATE SIGNED (Mo/Day/Yr) July 17, 2013 | | 21c. HOUR OF DEATH 10:35 | | 22b. DATE SIGNED (Mo/Day/Yr) July 17, 2013 | |
| CAUSE OF DEATH | 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22c. HOUR OF DEATH 10:35 | | | |
| | 21e. PRONOUNCED DEAD (Mo/Day/Yr) June 08, 2013 | | 22d. PRONOUNCED DEAD AT (Hour) 10:35 | | | |
| 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) Deputy Coroner STUART SHIPLEY PO Box 218 Minden, NV 89423 | | | | 23b. LICENSE NUMBER 515 | |
| | 24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 24, 2013 | | 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).) | | | | | |
| | PART I: | | | | | |
| STATE REGISTRAR | (a) Hypertensive Cardiovascular Disease | | | | Interval between onset and death | |
| | (b) Chronic Alcohol Abuse | | | | Interval between onset and death | |
| STATE REGISTRAR | (c) Diabetes Mellitus | | | | 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 in 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, HOMICIDE, OR PENDING INVEST. (Specify) ACCIDENT | | 28b. DATE OF INJURY (Mo/Day/Yr) June 08, 2013 | | 28c. HOUR OF INJURY 1035 | | |
| 28d. DESCRIBE HOW INJURY OCCURRED Natural | | 28e. INJURY AT WORK (Specify Yes or No) No | | | | |
| 28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Home | | 28g. LOCATION 696 Pinto Circle | | 28h. STREET OR R.F.D. No. CITY OR TOWN STATE Gardnerville Nevada | | |

STATE REGISTRAR

371283

VRS-Rev-2012052a

492839

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:

07/24/2013

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

STATE REGISTRAR
R. D. White
SIGNATURE AUTHENTICATED

