

APN# : 1220-07-002-004

**Recording Requested By:**

Western Title Company

**When Recorded Mail To:**

Lundergreen  
1337 Toler Ave,  
Gardnerville, NV  
89410

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

*Loretta Lundergreen*  
Loretta Lundergreen

Owner

**This document is being  
recorded as an  
accommodation only.**

**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

Loretta M. Lundergreen, of legal age, being first duly sworn, deposes and says:

That Franklin John Lundergreen, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Franklin John Lundergreen named as one of the parties in that certain Grant, Bargain, Sale Deed dated 8/25/2003 executed by Franklin John Lundergreen and Loretta M. Lundergreen, husband and wife and David Lundergreen, a Married man to Franklin John Lundergreen and Loretta M. Lundergreen, husband and wife and David Lundergreen and Julie Lundergreen, husband and wife all as joint tenants with right of survivorship as joint tenants, recorded as instrument No. 0602959, on 1/27/2004, in Book 0104, Page 08880, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Situate in the County of Douglas, State of Nevada, and more particularly described as follows:

All certain land in Section 7 (Record - Section 8), Township 12 North, Range 20 East, M.D.B.&M., more particularly described as follows:

Commencing 116 feet East of the Southeast corner of the property known as the Centerville Saloon property on the Brockliss County Road; running thence easterly along said County Road a distance of 1135 feet to the Southwest corner of Fred Heise's land; thence at right angle along said Heise land 60 feet; thence at right angle in a northwesterly direction 765 feet; thence in a Southwesterly direction 397 feet; thence in a Southerly direction 152 feet to the place of beginning.

Excepting therefrom that portion of said land conveyed to the County of Douglas in the State of Nevada, in Deed recorded January 7, 1897, in Book K, Page 193, Deed Records, Douglas County, Nevada Records.

Further Excepting therefrom any portion of said land lying within the boundaries of land described in Judgement and Decree (Quieting Title), Case No 3895, in The First Judicial District Court of the State of Nevada, in and for The County of Douglas, a certified copy of which was recorded June 8, 1967, in Book 50, Page 111, Document No. 36468, Douglas County, Nevada Records.

NOTE: The above metes and bounds description appeared previously in that certain Grant Bargain and Sale Deed recorded in the office of the County Recorder of Douglas County, Nevada on January 27, 2004, as Document No. 602959 of Official Records.

Dated \_\_\_\_\_

1/31/17

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

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

**CERTIFICATE OF DEATH**

2015006844

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Franklin John LUNDERGREEN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 20, 2015</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH: <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and) <b>Carson Valley Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Emergency Room / Outpatient</b>	
DECEDENT	5. RACE: <b>White</b> (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>83</b>	
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) <b>September 22, 1931</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not U.S.A.) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>15</b>	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (Maiden name) <b>Loretta DOWNS</b>		13. SOCIAL SECURITY NUMBER <b>2351</b>	
PARENTS	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Carpenter</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>		Ever in US Armed Forces? <b>Yes</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	15d. STREET AND NUMBER <b>950 Centerville Ln</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Edward LUNDERGREEN</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Bertha CORDES</b>		18a. INFORMANT - NAME (Type or Print) <b>Loretta LUNDERGREEN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>950 Centerville Ln Gardnerville, Nevada 89460</b>	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</b>	
CERTIFIER	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>DAVID STANDISH HOSKINS M.D.</b> SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) <b>April 22, 2015</b>		21c. HOUR OF DEATH <b>11:40</b>	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	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) <b>David Standish Hoskins M.D. 1664 Hwy 395 #201 Minden, NV, 89423</b>		23b. LICENSE NUMBER <b>4628</b>		24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 24, 2015</b>		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).)	
	25. IMMEDIATE CAUSE (PART I) (a) <b>Respiratory Failure</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Acute Pleural Effusion</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Chronic Obstructive Pulmonary Disease</b> DUE TO, OR AS A CONSEQUENCE OF: (d) <b>Tobacco Abuse</b>		Interval between onset and death		Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Coronary Artery Disease, Prostate Cancer, Atrial Fibrillation</b>		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
	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. CITY OR TOWN STATE		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28i. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR

577876

CERTIFIED COPY OF VITAL RECORDS

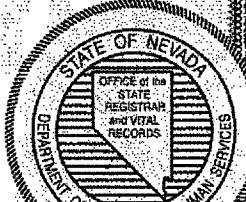
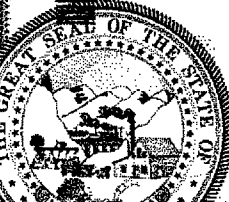
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

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

STATE REGISTRAR  
*Rod White*  
SIGNATURE AUTHENTICATED

VRS-Rev 20120523a



3828269

*Loretta M. Lundergreen*  
Loretta M. Lundergreen  
Surviving Joint Tenant

STATE OF NEVADA

}SS

COUNTY OF DOUGLAS

This instrument was acknowledged before me on

1/31/11  
by Loretta M. Lundergreen

*JA*  
\_\_\_\_\_  
Notary Public

