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APN: 1220-17-515-010



KAREN ELLISON, RECORDER

Recording Requested by:
Michael Smiley Rowe, Esq.
P.O. Box 2080
Minden, NV 89423

Send Tax Statements To:
Dorothy Sedergren
951 Old Nevada Way
Gardnerville, NV 89460

**AFFIDAVIT OF TERMINATION OF JOINT TENANCY
(Death of Joint Tenant - NRS 111.365)**

I, DOROTHY SEDERGREN, being of legal age and being first duly sworn,
deposes and says:

Affiant was the wife of Daniel R. Sedergren up to and until his death.

Daniel R. Sedergren died on the 1st day of February, 2017, in Washoe County,
Nevada.

Daniel R. Sedergren, the decedent mentioned in the attached certified copy of
Certificate of Death, is named as one of the parties in that certain Grant, Bargain, Sale
Deed dated the 17th day of November, 2006, executed by Gregory C. Lynn and Suzanne
Towse, as Grantors, to Daniel R. Sedergren and Dorothy Sedergren, as Grantees, holding
title as joint tenants, recorded as Instrument No. 0690087 on the 5th day of December,
2006, in Book 1206, Page 1496 of the Official Records of Douglas County, Nevada, for
the following described property situated in the County of Douglas, State of Nevada.

PARCEL 1:

Lot 180, in Block A, as shown on the final map of
PLEASANTVIEW SUBDIVISION PHASE 9, Final Map
#LDA 00-027, filed for record in the office of the County

Recorder of Douglas County, State of Nevada, on September 17, 2001, in Book 901, Page 3761, as Document No. 522892, and by Certificate of Amendment recorded February 12, 2002 in Book 0202, Page 4226 as Document No. 0534615, Official Records of Douglas County, Nevada.

PARCEL 2:

Together with a nonexclusive easement for ingress and egress and public utilities as set forth in Easement Deed recorded October 13, 2006 in Book 1006, Page 4534, as Document No. 686321, Official Record, Douglas County, Nevada.

Per NRS 111.312, this legal description was previously recorded at Document No. 0690087 on the 5th day of December, 2006, in Book 1206, Page 1496.

Pursuant to NRS 239B.030(4), I affirm that this instrument does contain the personal information of a person in that a certified Death Certificate is attached.

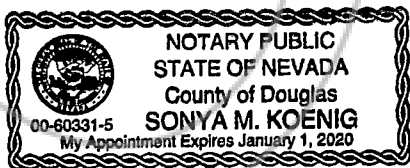
IN WITNESS WHEREOF, I have hereunto set my hand on March ___, 2017.

Dorothy Sedergren
DOROTHY SEDERGREN

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on the ___ day of March, 2017, by DOROTHY SEDERGREN.

WITNESS my hand and official seal.



Sonya M. Koenig
NOTARY PUBLIC

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3939378

CERTIFICATE OF DEATH

2017002459
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Daniel Richard SEDERGRN		2. DATE OF DEATH (Mo/Day/Year) February 01, 2017		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not other, give street and inpatient)(Specify) Renown Regional Medical Center Intensive Care Unit (ICU)		4. SEX Male	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 75	
	7b. UNDER 1 YEAR WKS: DAYS: HOURS: MINS:		7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) June 03, 1941	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not US/CA, name country) Washington		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Dorothy DAY			
PARENTS	13. SOCIAL SECURITY NUMBER ██████-5170		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 951 Old Nevada Way		15e. INCLUDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
	16. FATHER/PARENT - NAME (First Middle Last Suffix)			17. MOTHER/PARENT - NAME (First Middle Last Suffix)		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Dorothy SEDERGRN		18b. MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 951 Old Nevada Way Gardnerville, Nevada 89460			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Lone Mountain Cemetery		19c. LOCATION City or Town State Carson City Nevada 89708	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DARREN K HILL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 848		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) SIGNATURE AUTHENTICATED IRWIN CLAVEL MD		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) February 06, 2017		21c. HOUR OF DEATH 17:34		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
CAUSE OF DEATH	22b. DATE SIGNED (Mo/Day/Yr)		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) Irwin Clavel MD 1155 Mill Street Reno, NV 89502			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER 16635		24a. REGISTRAR (Signature) CARMEN M MENDOZA SIGNATURE AUTHENTICATED			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 13, 2017		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))					Interval between onset and death
	PART I					Interval between onset and death
STATE REGISTRAR	(a) Respiratory Failure					Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
STATE REGISTRAR	(b) Pneumonia					Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
STATE REGISTRAR	(c) Bronchopleural Fistula					Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
STATE REGISTRAR	(d) Pneumothorax					Interval between onset and death
	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I Sepsis, Cachexia					26. AUTOPSY (Specify Yes or No) No
STATE REGISTRAR	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
	28a. ACC., SUICIDE, HOMIC. UNDET. OR PENDING INVEST (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
STATE REGISTRAR	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	

STATE REGISTRAR



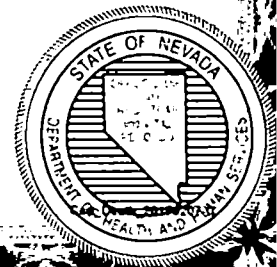
CERTIFIED COPY OF VITAL RECORDS

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: **2/16/2017**

Cody D. Shingy
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