

APN # 1220-09-810-012

Escrow # 00232892 -018-

Recording Requested By:
First Centennial Title Company
3255 S. Virginia St Ste B
Reno, NV 89502

When Recorded Return to:
First Centennial Title Company
3255 S. Virginia St Ste B
Reno, NV 89502

Mail Tax Statements to:
Colin R. Kvasnicka
1040 Arrowhead Drive
Gardnerville, NV 89460

DOUGLAS COUNTY, NV

2017-908137

Rec:\$35.00

\$35.00

Pgs=4

12/15/2017 03:47 PM

FIRST CENTENNIAL - RENO (MAIN OFFICE)

KAREN ELLISON, RECORDER

SPACE ABOVE FOR RECORDERS USE

Affidavit- Death of Joint Tenant

(Title of Document)

Please complete Affirmation Statement below:

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons.
(Per NRS 239B.030) *440.380(1)*

-OR-

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 as required by law:

Shelli Lindsay

SIGNATURE

Escrow Officer

TITLE

Shelli Lindsay

Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

SPACE BELOW FOR RECORDER

APN: 1220-09-810-012
Escrow No. 00232892 - 018 -

When Recorded Return to:
Henry C. Follman

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA
COUNTY OF WASHOE

} ss.

Henry C. Follman, of legal age, being duly sworn, deposes and says

That Deborah M. Graham the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Deborah M. Graham named as one of the parties in that certain Grant, Bargain, Sale Deed dated January 16, 2013 executed by Lee Akin, a married man as his sole and separate property and Akin Contextural Research, Ltd., a Nevada corporation to Henry C. Follman and Deborah M. Graham, husband and wife as joint tenants, recorded as Instrument No. 0816582, on January 18, 2013 of Official Records of Douglas County, Nevada, covering the following described property.

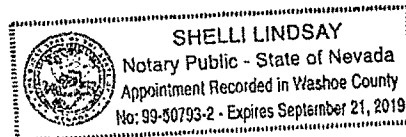
See Exhibit A attached hereto and made a part hereof.

Dated: 12-15-17


Henry C. Follman

SUBSCRIBED AND SWORN TO before me on this 15th day of December 2017
By Henry C. Follman

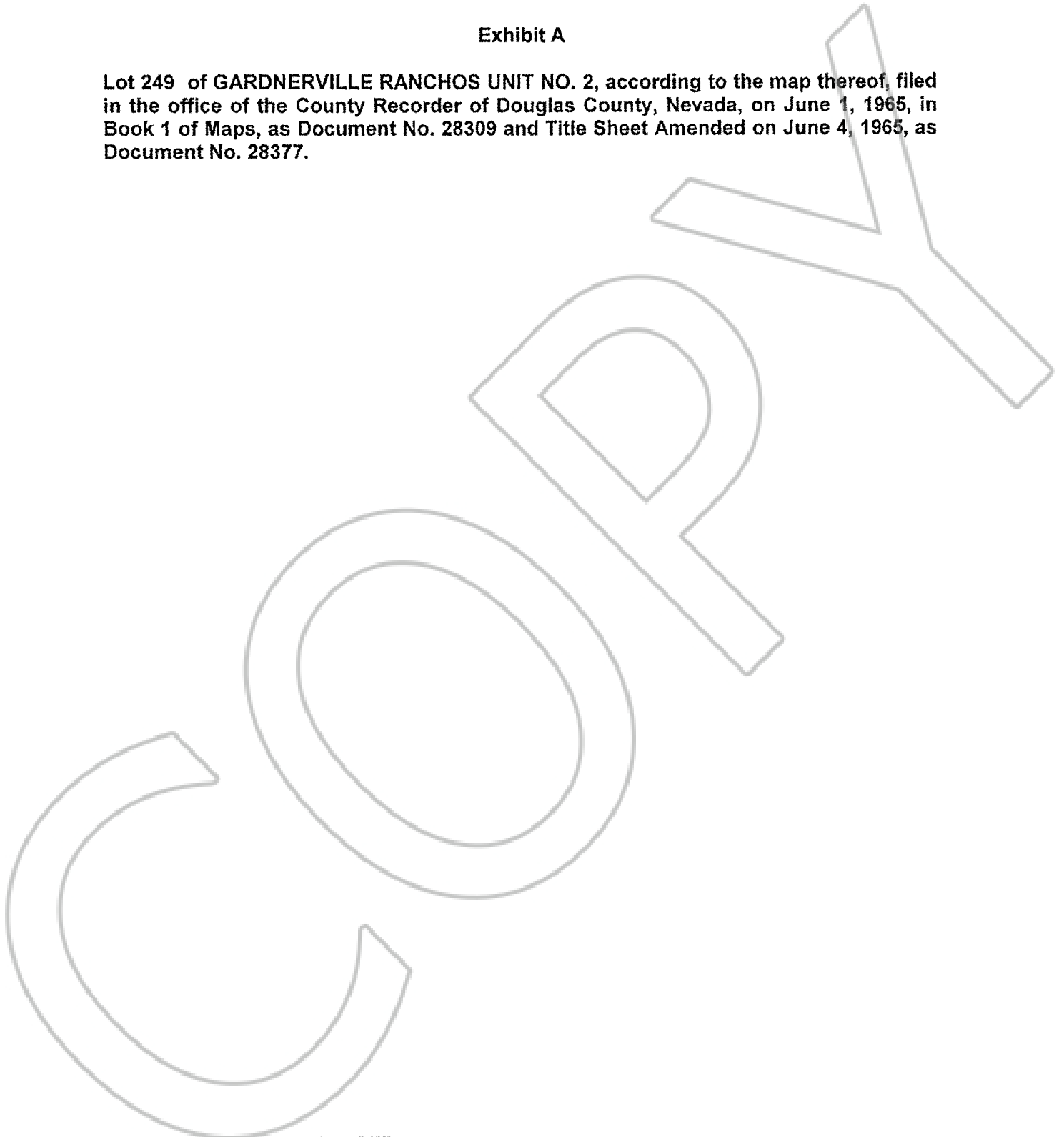

NOTARY PUBLIC



SPACE BELOW FOR RECORDER

Exhibit A

Lot 249 of GARDNERVILLE RANCHOS UNIT NO. 2, according to the map thereof, filed in the office of the County Recorder of Douglas County, Nevada, on June 1, 1965, in Book 1 of Maps, as Document No. 28309 and Title Sheet Amended on June 4, 1965, as Document No. 28377.



SPACE BELOW FOR RECORDER

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3989702

CERTIFICATE OF DEATH

2017022140
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX) Deborah M GRAHAM		2. DATE OF DEATH (Mo/Day/Year) November 23, 2017		3a. COUNTY OF DEATH Humboldt	
	3b. CITY, TOWN, OR LOCATION OF DEATH Winnemucca		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and apt. no. If Hosp. or Inst. indicate OOA, OP, Emer. Rm. Inpatient (Specify) Humboldt General Hospital Inpatient		4. SEX Female	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 58	
	7b. UNDER 1 YEAR (MOS DAYS HOURS MINS)		7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) December 12, 1958	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not USCA, name country) Pennsylvania		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Henry C FOLLMAN			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-6654		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Insurance Contractor Insurance Contractor		14b. KIND OF BUSINESS OR INDUSTRY Insurance	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1040 Arrowhead Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Thomas REGNEY	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Evelyn KOTULA		18a. INFORMANT - NAME (Type or Print) Henry C FOLLMAN			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1040 Arrowhead Drive Gardnerville, Nevada 89460				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
	19b. CEMETERY OR CREMATORY - NAME Smith Family Crematory		19c. LOCATION - City or Town State Fallon Nevada 89407			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JEFF T SMITH SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD47		20c. NAME AND ADDRESS OF FACILITY Smith Family Funeral Home PO BOX 1545 Fallon NV 89407	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) CHRISTOPHER R VLASEK DO SIGNATURE AUTHENTICATED					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) November 28, 2017		21c. HOUR OF DEATH 16:25		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)	
CAUSE OF DEATH	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) Christopher R Vlassek DO 2410 Fire Mesa Street Las Vegas, NV 89128			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER SL1095		24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 29, 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).)				26. AUTOPSY (Specify Yes or No) No	
	PART I				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE	(a) Liver Failure		Interval between onset and death			
	(b) Cirrhosis		Interval between onset and death			
DATE ISSUED: 12/1/2017	(c) Alcohol Abuse		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.				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		

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: 12/1/2017

[Signature]
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

