

APN# 1220-09-414-001



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Kaare Fladby  
Address: 1248 Sierra Vista Dr.  
City/State/Zip: Gardnerville, NV 89460

Mail Tax Statements to:

Name: same  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Affidavit of Death  
Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording  
DOES contain personal information as required by law: (check applicable)

- Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)

Kaare Fladby  
Signature

KAARE FLADBY  
Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**Affidavit of Death**

STATE OF Nevada  
COUNTY OF Douglas

I, Kaare Fledby, residing at 1248 Sierra Vista Dr.  
Gardnerville, NV 89460, being of legal age, depose and say that:

That Laila Martine, Fledby,  
\_\_\_\_\_ died on 01/11/2019 as  
evidence by a certified copy of that Certificate of Death, attached hereto;

That I am the successor to the estate of the descendant and to the descendants interest in funds held by various institutions and no other person has a superior right to the interest of the decedents in the described property; ACT SEE Exhibit A

That no proceeding is being or has been conducted in Nevada for administration of the descendant's estate.

**Oath of Affirmation:**

I certify under penalty of perjury under Nevada law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

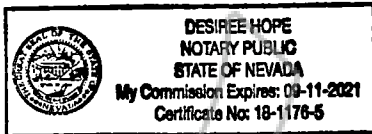
Kaare Fledby  
\_\_\_\_\_

01/08/2019 Date

STATE OF Nevada, COUNTY OF Douglas, ss:

Desiree Hope  
\_\_\_\_\_  
Notary Public

Notary Public  
\_\_\_\_\_  
Title (and Rank)



My commission expires 9-11-2021

5.

Exhibit A

REQUESTED BY  
Kaare O Fladby  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

APN: 1220-09-414-001  
RPTT \$ #  Full Value  Full Value less liens

2003 NOV -4 PM 3: 12

WERNER CHRISTEN  
RECORDER

\$15.<sup>00</sup> PAID KJ DEPUTY

<p>✓ Name</p> <p>Street</p> <p>Address</p> <p>City, State</p> <p>Zip</p> <p>Name</p> <p>Street</p> <p>Address</p> <p>City, State</p> <p>Zip</p>	<p><b>WHEN RECORDED MAIL TO:</b></p> <p>KAARE O. FLADBY</p> <p>1248 SIERRA VISTA DR.</p> <p>GARDNERVILLE, NV</p> <p>89460</p> <p><b>MAIL TAX STATEMENTS TO:</b></p> <p>SAME AS ABOVE</p>
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(SPACE ABOVE THIS LINE FOR RECORDERS USE)

### GRANT, BARGAIN AND SALE DEED

THIS INDENTURE WITNESSETH: That

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, KAARE O. FLADBY AND LAILA M. FLADBY, AS COMMUNITY PROPERTY, do(es) hereby GRANT(s) BARGAIN SELL and CONVEY to KAARE O. FLADBY AND LAILA M. FLADBY AS CO-TRUSTEES OF THE 1995 FLADBY FAMILY TRUST DATED MAY 11, 1995, and to the heirs and assigns of such Grantee forever, all the following real property situated in the City of , County of DOUGLAS, State of Nevada bounded and described as follows:

Lot 1, in Block 1, on the Final Map, 97-008, of SILVERANCH PHASE 5, filed in the office of the County Recorder of Douglas County, State of Nevada, on August 30, 1999, in Book 899, Page 5280, as Document No. 475442.

TOGETHER with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Dated: October 14, 2003

0595879

BK 1103PG01525

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

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

**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

CASE FILE NO. 4061091

2019000665  
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) <b>Laila Martine FLADBY</b>		2 DATE OF DEATH (Mo/Day/Year) <b>January 11, 2019</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>1248 Sierra Vista Drive</b>		3e. If Hosp. or Inst indicate DOA,OP/Emmer Rm <b>Home</b>	
5 RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>85</b>	
7b. UNDER 1 YEAR <b>MOS DAYS</b>		7c. UNDER 1 DAY <b>HOURS MINS</b>		8 DATE OF BIRTH (Mo/Day/Yr) <b>July 05, 1933</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Norway</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10 EDUCATION <b>14</b>	
11 MARITAL STATUS (Specify) <b>Married</b>		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Kaare Olaf FLADBY</b>		13 SOCIAL SECURITY NUMBER <b>██████████-2224</b>	
14a USUAL OCCUPATION (Give Kind of Work Done During Most of <b>SECRETARY</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>EDUCATION</b>		Ever in US Armed Forces? <b>No</b>	
15a RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1248 Sierra Vista Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Anton Waldemar HAACONSEN</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Ragnhild KARLSEN</b>		18a INFORMANT- NAME (Type or Pnnt) <b>Kaare Olaf FLADBY</b>		18b MAILING ADDRESS (Street or R.F.D No City or Town, State, Zip) <b>1248 Sierra Vista Drive Gardnerville, Nevada 89460</b>	
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>TAMAR R BEAULAC</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD870</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502</b>	
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) <b>NITA SCHWARTZ MD</b>		21b. DATE SIGNED (Mo/Day/Yr) <b>January 16, 2019</b>		21c. HOUR OF DEATH <b>07:15</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)	
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>Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703</b>				23b LICENSE NUMBER <b>9114</b>	
24a. REGISTRAR (Signature) <b>ANGELICA RAMIREZ</b>		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 16, 2019</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) )					
PART I (a) <b>Parkinson's Like Syndrome</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Unknown Etiology</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>DUE TO, OR AS A CONSEQUENCE OF:</b>				Interval between onset and death	
(d)				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				26 AUTOPSY (Specify Yes or No) <b>No</b>	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</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	

STATE REGISTRAR

VRS-Rev-20120523a



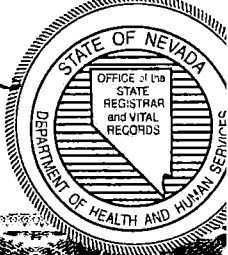
CERTIFIED COPY OF VITAL RECORDS

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: **FEB 01 2019**

*Julie Katchear*  
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE