

RECORDED AT THE REQUEST OF:  
Sullivan Law  
1625 State Route 88, Ste. 401  
Minden, NV 89423



KAREN ELLISON, RECORDER

Mail Tax Bills To:  
P. O. Box 4884  
Stateline, NV 89449

THIS DOCUMENT CONTAINS A  
SOCIAL SECURITY NUMBER  
AS PERMITTED BY NRS 440.380

#### AFFIDAVIT OF DEATH OF JOINT TENANT

APN: 1318-24-601-001  
APN: 1318-24-601-002  
APN: 1318-24-601-003

PHIL ELLERY STOLL, being first duly sworn, deposes and says:

1. TIMOTHY R. STOLL died on February 12, 2016, and a certified copy of his Death Certificate is attached hereto.

2. That at the date of death, the said TIMOTHY R. STOLL was an owner in joint tenancy with the Affiant of certain real property located in Douglas County, State of Nevada, described as follows:

SEE ATTACHED EXHIBITS A, B, and C.

3. That said joint tenancy was created by Deeds dated July 23, 1998, recorded as document numbers 0447238, 0447239, and 0447240 in the Douglas County Recorder's Office.

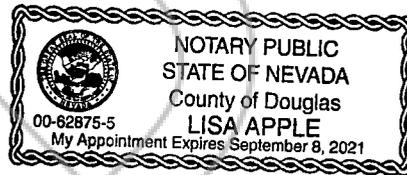
4. That upon the death of TIMOTHY R. STOLL, the Affiant became the sole owner of the above-described property as her sole and separate property.

Phil Stoll  
PHIL STOLL

STATE OF NEVADA        )  
                                  ) ss.  
COUNTY OF DOUGLAS    )

Before me the undersigned, a Notary Public in and for said county and state, personally appeared PHIL STOLL who acknowledged the execution of the foregoing AFFIDAVIT OF DEATH OF JOINT TENANT this 5<sup>th</sup> day of June, 2019.

Lisa Apple  
Notary Public



# 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. 3878671

2016002349

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK  DECEDED  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>Timothy Roger STOLL</b>	2. DATE OF DEATH (Mo/Day/Year) <b>February 12, 2016</b>	3a. COUNTY OF DEATH <b>Carson City</b>		
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>	3c. HOSPITAL OR OTHER INSTITUTION -Name(if not ether, give street and city) <b>Carson Tahoe Regional Medical Center</b>	3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) <b>Intensive Care Unit (ICU)</b>	4. SEX <b>Male</b>	
	5. RACE (Specify) <b>White</b>	6. Hispanic Origin? Specify (No - Non-Hispanic) <b>No - Non-Hispanic</b>	7a. AGE-Last birthday (Years) <b>77</b>	7b. UNDER 1 YEAR (MOS) 7c. UNDER 1 DAY (HOURS   MINS)	8. DATE OF BIRTH (Mo/Day/Yr) <b>June 16, 1938</b>
	9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>	9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	10. EDUCATION <b>20</b>	11. MARITAL STATUS (Specify) <b>Married</b>	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Phil ELLERY</b>
	13. SOCIAL SECURITY NUMBER <b>4450</b>	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Dentist</b>	14b. KIND OF BUSINESS OR INDUSTRY <b>Dentist Office</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>Stateline</b>	15d. STREET AND NUMBER <b>1 Ellery Lane</b>	15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>WILLIAM ROGER STOLL</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>EMMA LOUISE JONES</b>		
	18a. INFORMANT- NAME (Type or Print) <b>Phil ELLERY STOLL</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1625 Hwy 88 Suite 201 Minden, Nevada 89423</b>		
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>	19b. CEMETERY OR CREMATORY - NAME <b>La Paloma Reno</b>	19c. LOCATION City or Town State <b>Reno Nevada</b>		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>LYLE MEYER</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>854</b>	20c. NAME AND ADDRESS OF FACILITY <b>Nevada Funeral Services</b> <b>3094 Research Way #63 Carson City NV 89708</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>AMANDA M GRIFFITH DO</b> <b>SIGNATURE AUTHENTICATED</b>		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) <b>February 16, 2016</b>	21c. HOUR OF DEATH <b>22:34</b>	22b. DATE SIGNED (Mo/Day/Yr)	22c. HOUR OF DEATH	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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>Amanda M Griffith DO 1600 Medical Pkwy Carson City, NV 89703</b>			23b. LICENSE NUMBER <b>DO1685</b>	
	24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b> <b>SIGNATURE AUTHENTICATED</b>	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 16, 2016</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				Interval between onset and death
	(a) <b>Cardiopulmonary Arrest</b> DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
	(b) <b>Acute Hypoxemic Respiratory Failure</b> DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
	(c) <b>Severe Bilateral Pneumonia</b> DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
	(d) <b>Acute Renal Failure</b> 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. <b>Unknown Etiology</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

STATE REGISTRAR

VRS-Rev-20120523a

#### CERTIFIED COPY OF VITAL RECORDS

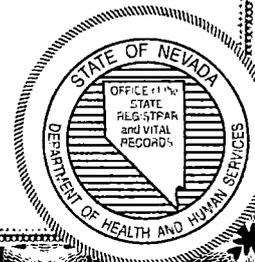
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

2/18/2016

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

*Rud White*  
SIGNATURE AUTHENTICATED



6/26/98  
94090

DESCRIPTION  
ADJUSTED A.P.N. 07-380-01

All that real property situate in the County of Douglas,  
State of Nevada, described as follows:

All that portion of the Southwest 1/4 of the Northeast 1/4  
of Section 24, Township 13 North, Range 18 East, M.D.M.,  
more particularly described as follows:

Beginning at a point which bears North 00°08'01" East 656.42  
feet from the Center 1/4 corner of said Section 24;

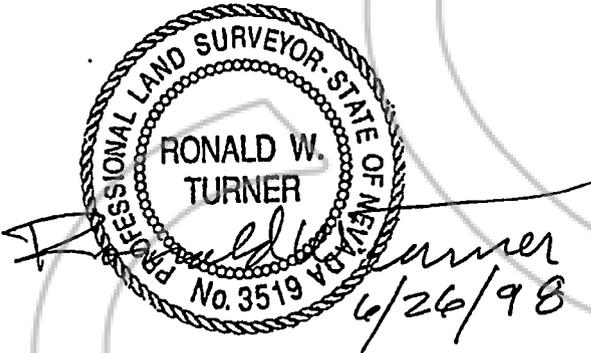
thence North 00°08'01" East 656.43 feet;  
thence South 89°41'31" East 165.90 feet;  
thence South 00°08'01" West 656.83 feet;  
thence North 89°33'09" West 165.90 feet to the Point of  
Beginning.

Containing 2.50 acres, more or less.

The Basis of Bearing for this description is referenced to  
that Record of Survey, filed as Document No. 238109.

Note: Refer this description to your title company  
before incorporating into any legal document.

Prepared by: Turner and Associates, Inc.  
P.O. Box 5067  
Stateline, NV 89449



REQUESTED BY  
**FIRST AMERICAN TITLE CO.**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'98 AUG 17 P4:04

0447238  
BK0898PG3451

LINDA SLATER  
RECORDER  
\$ 8.00 PAID *KS* DEPUTY

6/26/98  
94090

DESCRIPTION  
ADJUSTED A.P.N. 07-380-02

All that real property situate in the County of Douglas,  
State of Nevada, described as follows:

All that portion of the Southwest 1/4 of the Northeast 1/4  
of Section 24, Township 13 North, Range 18 East M.D.M.,  
more particularly described as follows:

Beginning at the Center 1/4 corner of said Section 24;

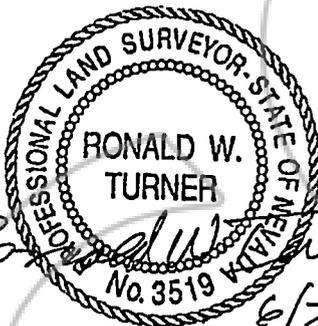
thence North 00°08'01" East 656.43 feet;  
thence South 89°33'09" East 165.90 feet;  
thence South 00°08'01" West 656.83 feet;  
thence North 89°24'48" West 165.90 feet to the Point of  
Beginning.

Containing 2.50 acres, more or less.

The Basis of Bearing for this description is referenced to  
that Record of Survey, filed as Documnet No. 238109.

Note: Refer this description to your title company  
before incorporating into any legal document.

prepared by: Turner and Associates, Inc.  
P.O. Box 5067  
Stateline, NV 89449



REQUESTED BY  
FIRST AMERICAN TITLE CO.  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'98 AUG 17 P4:05

0447239

BK0898PG3453

LINDA SLATER  
RECORDER  
\$800 PAID *ko* DEPUTY

6/26/98  
94090

DESCRIPTION  
ADJUSTED A.P.N. 07-344-16

All that real property situate in the County of Douglas,  
State of Nevada, described as follows;

All that portion of Section 24, Township 13 North, Range 18  
East, M.D.M., more particularly described as follows:

Beginning at a point which bears South 89°24'48" East 165.90  
feet from the center 1/4 corner of said Section 24;

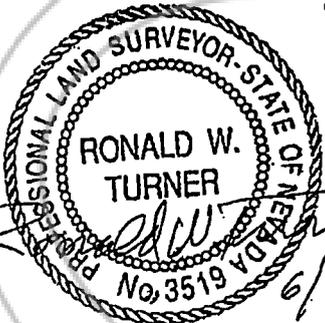
thence North 00°08'01" East 1,313.66 feet,  
thence South 89°41'31" East 489.84 feet,  
thence South 00°06'20" West 1,316.04 feet,  
thence South 89°24'48" East 3.16 feet,  
thence South 40°38'18" East 60.25 feet,  
thence South 08°24'01" East 32.00 feet,  
thence South 63°05'59" West 276.08 feet,  
thence North 33°34'31" East 243.62 feet,  
thence North 89°24'54" West 426.10 feet to the Point of  
Beginning.

Containing 15.25, acres more or less.

The Basis of Bearing for theis description is referenced to  
that Record of Survey, filed as Document No. 238109.

Note: Refer this description to your title company  
before incorporating into any legal document.

Prepared by: Turner and Associates, Inc.  
Land Surveying  
P.O. Box 5067  
Stateline, NV 89449



REQUESTED BY  
FIRST AMERICAN TITLE CO.  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'98 AUG 17 P4:06

LINDA SLATER  
RECORDER  
PAID DEPUTY

0447240

BK0898PG3455