

APN 1420-34-301-006

Recording Requested by:

Zenda Anderson

After Recording Mail to:

Zenda Anderson
P.O. Box 628
Minden, NV 89423



KAREN ELLISON, RECORDER

The undersigned affirms that this document **does** contain the social security number of any person, as required by NRS 440.380. (NRS 239B.030).

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

ZENDA ANDERSON, being duly sworn, declares:

That MARVIN LEROY ANDERSON, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MARVIN ANDERSON, named as one of the parties in the Grant, Bargain Sale Deed executed by Andre, LLC, a Nevada Limited Liability, to Marvin Anderson and Zenda Anderson, husband and wife as joint tenants with right of survivorship, and recorded as Instrument No. 826494 on July 1, 2013, in Book 713, Page 224 of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

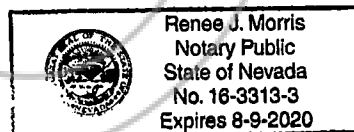
EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.

Per NRS 111.312, this legal description was previously recorded at Document No. 826494, Book 713, Page 224, on July 1, 2013.

Zenda L. Anderson
ZENDA ANDERSON

Subscribed and sworn to before me this 18th day of September, 2019.

[Seal]



Renee J. Morris
NOTARY PUBLIC

STATE OF NEVADA
CERTIFICATE OF VITAL RECORD

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

CASE FILE NO. 4069329

CERTIFICATE OF DEATH

2019004131
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) Marvin Leroy ANDERSON		2. DATE OF DEATH (Mo/Day/Year) February 26, 2019		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and Inpatient(Specify) The Chateau at Gardnerville Assisted Living Facility		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 86	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. HOURS HOURS	
7e. MINS MINS		8. DATE OF BIRTH (Mo/Day/Yr) January 28, 1933			
9a. STATE OF BIRTH (If not US/CA, name country) Montana		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Zenda Leah CREEK			
13. SOCIAL SECURITY NUMBER 4672		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of MASTER SERGEANT		14b. KIND OF BUSINESS OR INDUSTRY ARMED FORCES	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1565 Virginia Ranch Road #12A		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Henry ANDERSON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Dorothy Lulu GOSS		
18a. INFORMANT- NAME (Type or Print) Valerie MERTENS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1414 Stephanie Way Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmerelda Place Minden NV 89423	
20a. SIGNATURE AUTHENTICATED					
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) GEOFFREY MARSHALL			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) GEOFFREY MARSHALL		
21b. DATE SIGNED (Mo/Day/Yr) March 08, 2019		21c. HOUR OF DEATH 17:23		22b. DATE SIGNED (Mo/Day/Yr) February 26, 2019	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 17:23		22d. PRONOUNCED DEAD (Mo/Day/Yr) February 26, 2019	
22e. PRONOUNCED DEAD AT (Hour) 17:23		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Geoffrey Marshall P O Box 218 Minden, NV 89423			
23b. LICENSE NUMBER 0430		24a. REGISTRAR (Signature) ANGELICA RAMIREZ			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 08, 2019		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
24d. SIGNATURE AUTHENTICATED		25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Atherosclerotic Hypertensive Cardiovascular Disease			
25a. ACC., SUICIDE, HOM., UNDEF. OR PENDING INVEST. (Specify)		25b. DATE OF INJURY (Mo/Day/Yr)		25c. HOUR OF INJURY	
25d. DESCRIBE HOW INJURY OCCURRED		25e. INTERVAL BETWEEN ONSET AND DEATH Interval between onset and death			
25f. INJURY AT WORK (Specify Yes or No)		25g. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		25h. LOCATION STREET OR R.F.D. No CITY OR TOWN STATE	
25i. SIGNATURE AUTHENTICATED		26. AUTOPSY (Specify Yes or No) No			
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.			

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:

3/13/2019

Julie Katchear
SIGNATURE AUTHENTICATED

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

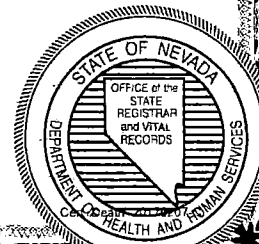


EXHIBIT "A"

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

All that real property being a portion of Artemisia SUBDIVISION in the Southwest 1/4 of Section 34, T. 14 N, R. 20 E, M.D.B.&M., as filed in the Office of the County Recorder, Douglas County, Nevada, on August 10, 1959, as Document No. 14758, and more particularly described as follows, to-wit:

COMMENCING at a point which is the Southwest corner of Lot 20 of the said ARTEMISIA SUBDIVISION, as filed in the Office of the County Recorder, Douglas County, Nevada, on August 10, 1959, as File No. 14758; thence South 89°58' West, a distance of 342 feet more or less to a point: said point being the Northwest corner of Lot 10 in Block 1, as shown on the RE-SUBDIVISION OF ARTEMISIA SUBDIVISION, filed in the Office of the County Recorder, Douglas County, Nevada, on April 23, 1962, as File No. 19909; thence North 1°34' East, a distance of 177.93 feet to a point; said point being the Northwest corner of the land conveyed to ALBERT G. DEEDE and GRACE DEEDE, his wife, as joint tenants, in Deed recorded January 13, 1975, in Book 175, Page 266, as Document No. 77413, Official Records of Douglas County, Nevada; said point also being the True Point of Beginning; thence continuing North 1°34' East, a distance of 177.92 feet to a point; said point being the Northwest corner of the herein described land; thence North 89°58' East, a distance of 332.59 feet more or less to a point; said point lying within the Northerly and Southerly prolongation of the Westerly lines of Lots 19 and 20, as shown on the first above-mentioned ARTEMISIA SUBDIVISION; thence Southerly along said Westerly lines of Lots 19 and 20, as shown on the first above-mentioned ARTEMISIA SUBDIVISION, a distance of 177.86 feet to a point; thence leaving said Westerly line of Lots 19 and 20, South 89°58' West, a distance of 337.30 feet more or less to the POINT OF BEGINNING.

EXCEPTING THEREFROM all that portion lying within Kayne Ave. as now established and shown on the RE-SUBDIVISION OF ARTEMISIA SUBDIVISION, filed in the Office of the County Recorder, Douglas County, Nevada, on April 23, 1962, as File No. 19909.

Said land is more fully shown as Parcel B on that certain Survey Parcel Map filed in the Office of the County Recorder, Douglas County, Nevada, on August 13, 1974, as File No. 74713.

NOTE: The above metes and bounds description appeared previously in that certain Grant, Bargain, Sale Deed recorded in the office of the County Recorder of Douglas County, Nevada on April 10, 2013, as Document No. 821436, in Book 0413, Page 2721 of Official Records.

**Assessor's Parcel Number(s):
1420-34-301-006**

