APN: 1420-28-212-005

After Recording Mail to:

C. Joyce Neddenriep 2882 Del Mar Dr. Minden, NV 89423 DOUGLAS COUNTY, NV

Rec:\$35.00 Total:\$35.00

KAREN WINTERS

2019-935780

09/27/2019 10:46 AM

Pgs=3



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 CO-TRUSTEE

STATE OF NEVADA ) : ss. COUNTY OF DOUGLAS )

C. JOYCE NEDDENRIEP, being duly sworn, declares:

That CHRISTOPHER G. NEDDENRIEP, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as CHRISTOPHER G. NEDDENRIEP named as one of the parties in the Grant, Bargain and Sale Deed executed by Merrill Construction, Inc., a Nevada corporation, Grantor to Christopher G. Neddenriep and C. Joyce Neddenriep, Trustees of the Neddenriep 1983 Trust, Grantees, and recorded as Document No. 0569777 on March 12, 2003, in Book 0303, Page 05239 of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

LOT 176 IN BLOCK C OF SARATOGA SPRINGS ESTATES UNIT 6, ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON JUNE 28, 2002 IN BOOK 602, PAGE(S) 10142 AS DOCUMENT NO. 546028.

Per NRS 111.312, this legal description was previously recorded at Document No. 0569777 on March 12, 2003, in Book 0303, Page 05239 of Official Records of Douglas County, Nevada.

Dated: September 24, 2019

C. JOYCE MEDDENRIE

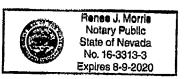
## ACKNOWLEDGMENT

STATE OF NEVADA	)
	: SS
COUNTY OF DOUGLAS	)

On September 24, 2019 before me, Renee J. Morris, Notary Public, personally appeared C. JOYCE NEDDENRIEP, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in his authorized capacities, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Seal



NOTARY PUBLIC



## STATE OF NEVAD CERTIFICATION OF VITAL RECORD

## **DEPARTMENT OF HUMAN RESOURCES**

**DIVISION OF HEALTH VITAL STATISTICS** 

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES **DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH** 

	_		CAL FILE NUMBER	1					· \	STAT	TE FILE NUMBER		
TYPE OR PRINT		DECEASED—	ECEASED—NAME First Middle Last DATE OF DEATH				OF DEATH (Month, Day, Year)		COUNTY OF DEATH				
IN PERMANENT BLACK INK			Christop OR LOCATION OF		Gerald	NEDDENRIE		2. June 1			3a.Douglas		
BLACK INK		зь. Mind		JEAIN		Mar Drive	not either, give str	eet and number)	If Hosp. or Inst. indi Rm. Inpatient (Spec	cate DOA, OP/ ify)	Erner. SEX		
ECEDENT				an IW			yes, AGE-Last	UNDER 1	YEAR UNDER 1	DAY DATE	4. Male		
		indian, 5. Whit	White, Black, Americ etc.) (Specify)	sp 6.	as Decedent of Hispanic Origi ecity Mexican, Cuban, Puerto	Rican, etc.		ears) MOS :	DAYS HOURS :	MINS	ay 21, 1926		
IF DEATH		STATE OF BIF	TH.		CITIZEN OF WHAT COUN-			MARRIED, NEV WIDOWED, DIV	7c. :		SPOUSE (If wife, give maiden name):		
OCCURRED IN Institution		(If not U.S.A., name country) 9a. Nevada			9b. U.S.A.	grade completed. 10. 16		(Specify) Ma	ORCED rried		<sub>12.</sub> Joyce Gilbert		
SEE HANDBOOK REGARDING COMPLETION OF		SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)			KIND OF BUSINESS OR INDUSTRY					
RESIDENCE ITEMS		13.	2735	0011117	14a.	Salesman			struction	Equip	76. 76.		
L		RESIDENCE—STATE COUNT					CITY, TOWN, OR LOCATION		T AND NUMBER	D	INSIDE CITY LIMITS (Specify Yes or No)		
	`	15a. Nev		15b. DC	ouglas Middle	15c. Minden	MOTHER— <i>MAIDE</i>		882 Del Ma	ar Dr.	15e. No		
ARENTS			Christop	her				Katherin		E.	Last Heitman		
	INFORMANT—NAME (Type or Print)  MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)  18a. Joyce Neddenriep  18b. 2882 Del Mar Drive, Minden, Nevada 89423												
[		BURIAL, CREMATION, REMOVAL, OTHER (Specify) CEMETERY OR CREMATORY—NAME LOCATION City or Town State  19a. Cremation 19b. Walton's Sierra Crematory 19c. Carson City, Nevada											
SPOSITION		19a. Crem	ECTOR—SIGNATU	Đ <b>E</b>									
		(Or Ferson Acting as Such)  20a. Minden, Nevada 89423											
1	<u> </u>												
İ	7	at the time, date and due to the cause(s) and manner stated.  (Signature and Title)											
	The state of the dest of the pest of the p								EATH				
RTIFIER									ED DEAD (Hour)				
	-	-					\	2d. ON	-	22e. AT			
				16	IFIER (PHYSICIAN, ATTEND				· ·		CENSE NUMBER		
Ĺ	\		Andrea	Mill	ler, M.D., 1						· · · · · · · · · · · · · · · · · · ·		
ONDITIONS IF ANY		REGISTRAR 24a. <i>(Signature)</i>	X/a	. \		DATE RE			(r.) DEATH DUE TO		ILE DISEASE		
HICH GAVE RISE TO MEDIATE	- 4	25. IMMEDIATE		TER ONLY	Y ONE CAUSE PER LINE FO	R (a), (b), AND (c).)	une 16.	12000	24c. YES□	NOXOK Interv	val between onset and death		
CAUSE ATING THE		PART (a)	Ú.	ss	is tou	bailen	es/						
DERLYING AUSE LAST	1		DUE TO, OR AS A	CONSEQU	UENCE OF:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7			• Interv	val between onset and death		
/_	/	(b)	PO	MC	neario	sic cancer				<u> </u>			
	1	(	DUE TO, OA AS A	CONSEQ	UENCE OF:					Interv	val between onset and death		
AUSE OF	١.	(c)	ED CICALIEICANT	CANDITIO	NS—Conditions contributing t	a double but and an uniting to	No. and the		AUTODOV 16				
DEATH	V	PART OF	ALIZA MIZI	2	- 1 3	real for resulting in	the underlying cal	isə given in Part 1.	26.NO	or No) CORC	CASE REFERRED TO DNER <i>(Specify Yes or No)</i> NO		
1	7	ACC., SUICIDE, OR PENDING I	HOM., UNDET., NVEST.	DATE OF			SCRIBE HOW INJ	JRY OCCURRED		<u></u>			
\ \	4	(Specify) 28a.	IDIK	28b.	28c.	M 28d							
1	۱ <sub>۱.</sub> (	NJURY AT WO Specify Yes or			F INJURY—At home, farm, s building, etc. (Spec	sify)	CATION.	STREET OR R	.F.D. No. C	OTY OR TOW	N STATE		
	Š	28e.	The same of the sa	281.		28g	•						
		The Real Property lies			STATE RE	GISTRAR			1	<b>lo.</b> ;	289721		



68992

\_ 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: JUN 1 6 2005

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

