

APN#: 1220-21-610-098

Recording Requested By:

Western Title Company

When Recorded Mail To:

Dorothy Barsten c/o Douglas

County Guardian

P.O. Box 1929

Minden, NV 89423

Mail Tax Statements to: (deeds only)

same as above

(space above for Recorder's use only)

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. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature



Wendy Dunbar

Escrow Officer

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT - DEATH OF JOINT TENANT

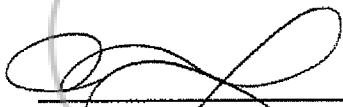
Nicole Thomas, Court Appointed Guardian for Dorothy H. Barsten, adult protected person, pursuant to Order Confirming Sale of Real Property, of legal age, being first duly sworn, deposes and says:

That Oswald Odin Barsten, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Oswald O. Barsten named as one of the parties in that certain Grant, Bargain, Sale Deed dated 10/13/1986 executed by Pretscherer, Inc., a Nevada corporation to Oswald O. Barsten and Dorothy H. Barsten, husband and wife as joint tenants with right of survivorship, recorded as instrument No. 142894, on 10/15/1986, in Book 1086, Page 1802, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

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

Lot 575 as shown on the Official Map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on May 29, 1973, in Book 573, Page 1026, as File No. 66512, Official Records.

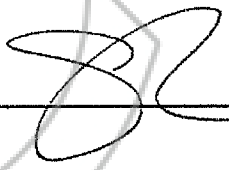
Dated 1-30-2020




Nicole Thomas, Court Appointed Guardian for
Dorothy H. Barsten

STATE OF NEVADA)SS
COUNTY OF Douglas

This instrument was acknowledged before me on
January 30, 2020 by Nicole Thomas



Notary Public

 **WENDY DUNBAR**
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 02-79065-5 - Expires Dec. 16, 2022

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3776697

2014009904
STATE FILE NUMBER

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Oswald Odin BARSTEN JR		2. DATE OF DEATH (Mo/Day/Year) June 13, 2014		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) 3e. If Hosp. or Inst. indicate DOA,OP/Ermer. Rm. Inpatient(Specify) 1413 Leonard Rd Home		4. SEX Male	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 85	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) August 15, 1928	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) North Dakota		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) Dorothy OLSON			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-3337		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1413 Leonard Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Oswald Odin BARSTEN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Helen UECKER		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) Dorothy BARSTEN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1413 Leonard Rd Gardnerville, Nevada 89460			
	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	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI		20b. FUNERAL DIRECTOR LICENSE NUMBER 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
	20a. SIGNATURE AUTHENTICATED					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) STUART SHIPLEY SIGNATURE AUTHENTICATED					
	21b. DATE SIGNED (Mo/Day/Yr) June 20, 2014		21c. HOUR OF DEATH 12:56			
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr) June 13, 2014		22c. HOUR OF DEATH 12:56	
	22d. PRONOUNCED DEAD (Mo/Day/Yr) June 13, 2014		22e. PRONOUNCED DEAD AT (Hour) 12:56			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Stuart Shipley P O Box 218 Minden, NV 89423				23b. LICENSE NUMBER 515	
	24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 24, 2014		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).)				Interval between onset and death	
	PART I					
STATE REGISTRAR	(a) Acute Myocardial Infarction				Interval between onset and death	
	(b) Hypertension				Interval between onset and death	
STATE REGISTRAR	(c) Atrial Fibrillation				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 1.				25. AUTOPSY (Specify Yes or No) No		
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY		
26d. DESCRIBE HOW INJURY OCCURRED		26e. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)				
26f. INJURY AT WORK (Specify Yes or No)		26g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		26h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR

VRS-Rev-20120523a

000770830



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 03 2019**

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

Stuart Shipley
STATE REGISTRAR
Interim Administrator

