



KAREN ELLISON, RECORDER

APN: 1320-32-613-022
RECORDING REQUESTED BY:
KYLE A. WINTER, ESQ.
ALLISON, MacKENZIE, LTD.
P.O. Box 646
Carson City, Nevada 89702

MAIL TAX STATEMENTS TO:
Siti Rukiyah Strande
P.O. Box 2368
Minden, NV 89423

The party executing this document affirms that this document
DOES contain a social security number as required by law per
NRS 440.380(1)(a) and NRS 40.525 (5).

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
CARSON CITY)

SITI RIKIYAH STRANDE, whose mailing address is P.O. Box 2368, Minden, Nevada 89423, being first duly sworn, deposes and says:

1. That upon Grant, Bargain and Sale Deed executed on September 22, 2008, CARL ANGELO STRANDE and SITI RUKIYAH STRANDE, acquired title as husband and wife as joint tenants to a parcel of real property situated in the County of Douglas, State of Nevada, by that certain Grant, Bargain and Sale Deed recorded on September 22, 2008, as Document Number 730338, Official Records of Douglas County. Said real property is more particularly described as follows:

Lots 1 and 2, Block B, as shown on the Map of Meneley Addition to the Town of Gardnerville, filed in the office of the County Recorder of Douglas County, Nevada, on June 9, 1947, and Amended by the County Commissioners on August 5, 1947, save and except that portion of Lot 1 heretofore conveyed to Knox Johnson and Elizabeth Johnson, recorded March 7, 1972, in Book 97, Page 274, as Document No. 50868, which is described as follows:

Commencing at the Northwest corner of said Lot 1, Block B, which is also the True Point of Beginning, and lies on the Northwesterly boundary of an alley, 18 feet in width, proceed thence South 66° 00' East, 161.29 feet, to a point; thence South 78° 00' East, 39.63 feet, to the Northeast corner of the parcel; thence South 1° 19' 44" East, 115.64 feet, to the Southeast corner of the parcel, which lies on the Northeast boundary of said alley;

thence 44°54' West, 267.46 feet, along said Northeasterly boundary of the alley, to the True Point of Beginning.

(This legal description was previously recorded in the Official Records of Douglas County, State of Nevada on September 22, 2008, as Document No. 730338.)

2. That CARL ANGELO STRANDE died on December 30, 2019. A Certificate of Death of CARL ANGELO STRANDE issued by the State of Nevada is attached hereto.

3. That at the time of death of CARL ANGELO STRANDE, title to the above-referenced real property continued to be held by CARL ANGELO STRANDE and SITI RUKIYAH STRANDE, husband and wife as joint tenants.

4. That the undersigned, SITI RUKIYAH STRANDE, is the spouse of the decedent and the surviving joint tenant.

5. That this affidavit is executed pursuant to NRS 111.365.

I certify under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

DATED this 27 day of MAY, 2020.


SITI RUKIYAH STRANDE

On May 27, 2020, personally appeared before me, a notary public, SITI RUKIYAH STRANDE, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that she executed the foregoing instrument.


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. 4122646

2019026090
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) Carl Angelo STRANDE		2. DATE OF DEATH (Mo/Day/Year) December 30, 2019		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) 3555 South Las Vegas Boulevard		3e. If Hosp. or Inst indicate DOA,OP/Emer. Rm. Inpatient(Specify) Hotel/Motel	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 82		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) March 07, 1937		9a. STATE OF BIRTH (If not US/CA, name country) Minnesota		9b. CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 18		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Siti RUKIYAH	
13 SOCIAL SECURITY NUMBER ████████-9260		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Pipeline	
15a RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1529 Circle Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Julius STRANDE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Loretta YOUNG		
18a. INFORMANT- NAME (Type or Print) Siti STRANDE			18b. MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) PO Box 2368 Minden, Nevada 89423		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY - NAME Forest Lawn Cemetery		19c. LOCATION City or Town State Houston Texas 77075	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JENNA DAUNT SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD881		20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Downtown 1325 North Main Street Las Vegas NV 89101	
TRADE CALL - NAME AND ADDRESS Islamic Society of Greater Houston Hamza Funeral Home 6233A Tres Lagunas Drive Houston TX 77083					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) Christina M Di Loreto MD SIGNATURE AUTHENTICATED			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) CHRISTINA M DI LORETO MD SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) January 07, 2020	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr) December 30, 2019		22e. PRONOUNCED DEAD AT (Hour) 20:10	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Christina M Di Loreto MD 1704 Pinto Lane Las Vegas, NV 89106				23b. LICENSE NUMBER 17849	
24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 08, 2020		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) Hypertensive Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (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.				26. AUTOPSY (Specify Yes or No) No	
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 TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: **JAN 10 2020**

Registrar of Vital Statistics
By: *Anderson*

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE