

APN# : 1320-33-818-023

Recording Requested By:

Western Title Company

When Recorded Mail To:

Lynne V. Theisen

32 Gitana Ave.

Camarillo, CA 93012

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

Lynne V. Theisen, of legal age, being first duly sworn, deposes and says:

That John Keith Theisen, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as John K. Theisen named as one of the parties in that certain Grant, Bargain, Sale Deed dated 4/6/2018 executed by Kathleen Marie Taranto to John K. Theisen and Lynne V. Theisen, husband and wife as joint tenants, recorded as instrument No. 2018-912607, on 4/6/2018, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

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

Lot 54 in Block D of CHICHESTER ESTATES PHASE 13 Final Subdivision Map No. 1006-13, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on October 04, 2004, in Book 1004, page 1052, as Document No. 625784.

Dated 10/22/2020

Lynne V. Theisen
Lynne V. Theisen, Surviving Joint Tenant

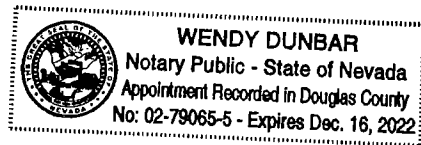
STATE OF NEVADA }SS

COUNTY OF Douglas

This instrument was acknowledged before me on 10.22.2020

by Lynne V. Theisen.

[Signature]
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4126543

CERTIFICATE OF DEATH

2020001860
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) John Keith THEISEN		2. DATE OF DEATH (Mo/Day/Year) January 22, 2020		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street number) Carson Valley Medical Center		3e. If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify) Emergency Room / Outpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 81		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
7d. UNDER 1 DAY MIN		8. DATE OF BIRTH (Mo/Day/Yr) August 29, 1938			
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Lynne Victoria HIRST			
13. SOCIAL SECURITY NUMBER 0781		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1464 Cardiff		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) William Earl THEISEN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lillian B PEMBERTON		
18a. INFORMANT - NAME (Type or Print) Lynne Victoria THEISEN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1464 Cardiff, Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R. BEAULAC		20b. FUNERAL DIRECTOR LICENSE NUMBER FD870		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502	
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) ZACHARY D HICKMAN			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) ZACHARY D HICKMAN		
21b. DATE SIGNED (Mo/Day/Yr) January 28, 2020		21c. HOUR OF DEATH 16:37		22b. DATE SIGNED (Mo/Day/Yr) January 28, 2020	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 16:33		22d. PRONOUNCED DEAD (Mo/Day/Yr) January 22, 2020	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Zachary D Hickman P.O. Box 218 Minden, NV 89423			
23b. LICENSE NUMBER		24a. REGISTRAR (Signature) BLAISE SATARIANO			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 31, 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) Pending Investigation					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
(d) DUE TO, OR AS A CONSEQUENCE OF:					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.					
26. AUTOPSY (Specify Yes or No) Yes		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			
28a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) PENDING INVEST.		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 Nevada	

000804011



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: 2/3/2020

Blaise Satariano
Administrator REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

