

APN No.: 1318-26-101-087

Escrow No.: 20009470-DR

Recording Requested By:
First Centennial Title Company of Nevada
896 W Nye Ln, Ste 104
Carson City, NV 89703

When Recorded Return to:
First Centennial Title Company of Nevada
896 W Nye Ln, Ste 104
Carson City, NV 89703

Mail Tax Statements to:
Harris Chaiklin
889 Mowry Ave #185
Fremont, CA 94536

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF JOINT TENANT

(Title of Document)

Please complete Affirmation Statement below:

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 as required by law: NRS 440.380 (1) (state specific law).

Cindy Brewer
SIGNATURE

Title Assistant
TITLE

Cindy Brewer
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

SPACE BELOW FOR RECORDER

APN: 1318-26-101-087
Escrow No. 20009470-DR

When Recorded Return to:
Carmela A. Bechtol
P.O. Box 6465
Stateline, NV 89449

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF JOINT TENANT

Carmela A. Bechtol, of legal age, being duly sworn, deposes and says

That Brent Hamilton Bechtol the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Brent H. Bechtol named as one of the parties in that certain Individual Grant Deed dated August 20, 1996 executed by Carmela A. Bechtol also known as Carmela A. Wilson to Carmela A. Bechtol and Brent H. Bechtol, wife and husband as joint tenants recorded as Instrument No. 395024, on 8-26-96 in Book 0896 Page 4479 of Official Records of Douglas County, Nevada, covering the following described property.

All that portion of the Northeast 1/4 of the Northwest 1/4 of Section 26, Township 13 North, Range 18 East, M.D.B.&M., more particularly described as follows:

Commencing at the 1/4 corner common to Sections 23 and 26, Township 13 North, Range 18 East, M.D.B.&M.; thence South 00°08' West, a distance of 623.53 feet to the True Point of Beginning; thence continuing South 00°08' West, a distance of 80.00 feet; thence North 89°42' West, a distance of 163.80 feet; thence North 00°08' East, a distance of 80.00 feet; thence South 89°42' East, a distance of 163.80 feet to the Point of Beginning.

Together with the right to use a 30 foot roadway for ingress and egress to the above property from Kingsbury Grade along the East 30 feet of the Northeast 1/4 of the Northwest 1/4 of Section 26, and for installation and maintenance of public utilities.

NOTE: Said legal description previously recorded August 26, 1996, in Book 896, Page 4478, as Document No. 395024, Official Records, Douglas County, Nevada.

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Carmela A. Bechtol


Dated: 10/22/2020

STATE OF NEVADA

COUNTY OF Douglas

This instrument was acknowledged before me on this 22 day of October, 2020, by
Carmela A. Bechtol

Lana Reed
Notary Public

 **DENA REED**
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 03-80676-5 - Expires March 14, 2023

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4058458

2018025039
STATE FILE NUMBER

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Brent Hamilton BECHTOL		2. DATE OF DEATH (Mo/Day/Year) December 30, 2018		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Stateline		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or Inpatient)(Specify) 122 Cypress Lane Home		4. SEX Male	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 62	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) June 07, 1956	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) California		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) Carmela DE MASI			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-7286		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of LIMOUSINE DRIVER		14b. KIND OF BUSINESS OR INDUSTRY TRANSPORTATION	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Stateline	
DISPOSITION	15d. STREET AND NUMBER 122 Cypress Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Walter Emerson BECHTOL	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Verna Vivianne POWERS		18a. INFORMANT - NAME (Type or Print) Carmela BECHTOL			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 6465 Stateline, Nevada 89449				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) 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	
	TRADE CALL - NAME AND ADDRESS					
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) STEVEN L BROOKS MD		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)			
	21b. DATE SIGNED (Mo/Day/Yr) January 02, 2019		21c. HOUR OF DEATH 22:30		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Steven L Brooks MD PO Box 5637 Stateline, NV 89449			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER 5124		24a. REGISTRAR (Signature) BREECE D FLORES		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 04, 2019	
	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) Chronic Obstructive Pulmonary 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)			
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (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

000835542



CERTIFIED COPY OF VITAL RECORDS

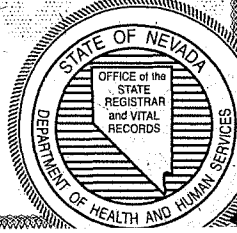
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

OCT 20 2020

Jan Shydel
STATE REGISTRAR
Interim Administrator

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



VRS-Rev-20120523a