

DOUGLAS COUNTY, NV

2021-962620

Rec:\$40.00

\$40.00

Pgs=4

02/26/2021 09:27 AM

FIRST CENTENNIAL - RENO (MAIN OFFICE)

KAREN ELLISON, RECORDER

APN No.: 1318-26-515-018

Escrow No.: 20010097-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:
Katarzyna Zasowska and Spyridon Adondakis
1990 Glencoe Way
Los Angeles, CA 90068

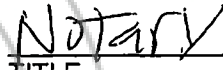
SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT OF 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: 440.380 (state specific law).


SIGNATURE


TITLE


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: 1318-26-515-018
Escrow No. 20010097-DR

When Recorded Return to:
Cynthia Brown- Carlson
P.O. Box 2197
Stateline, NV 89449

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF JOINT TENANT

Cynthia Brown-Carlson, of legal age, being duly sworn, deposes and says

That Lennard Inar Carlson, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Lennard Carlson named as one of the parties in that certain Grant, Bargain and Sale Deed dated July 23, 2012 executed by Gary W. Hanning, Trustee to Lennard Carlson and Cynthia Brown-Carlson recorded as Instrument No. 818048, on 2-12-2013 in Book 213, Page 3040 of Official Records of Douglas County, Nevada, covering the following described property.

Lot 23, in Block C, of Granite Springs Subdivision #2, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on July 8th, 1980, as Document No. 46019.

Assessors Parcel No.: 1318-26-515-018

Cynthia Brown-Carlson
Cynthia Brown-Carlson

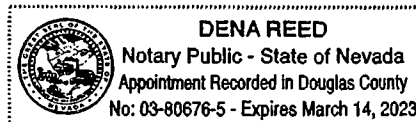
Dated: 2-23-21

STATE OF NEVADA

COUNTY OF Douglas

This instrument was acknowledged before me on this 23 day of Feb, 2021, by
Cynthia Brown-Carlson

Dena Reed
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

2020015314
STATE FILE NUMBER

CASE FILE NO. 4157133

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

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 AVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Lennard Inar CARLSON		2. DATE OF DEATH (Mo/Day/Year) July 20, 2020		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Stalene		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) 166 Granite Springs Drive		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. DATE OF BIRTH (Mo/Day/Yr) April 15, 1943	
7a. AGE-Last birthday (Years) 77		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8a. STATE OF BIRTH (If not US/CA name country) Illinois		8b. CITIZEN OF WHAT COUNTRY United States		8c. EDUCATION 12	
8d. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Cynthia Annette BROWN			
13. SOCIAL SECURITY NUMBER 5609		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
Chief Executive Officer		Signage		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Stalene	
15d. STREET AND NUMBER 166 Granite Springs Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT- NAME (First, Middle, Last, Suffix) Einar CARLSON			17. MOTHER/PARENT- NAME (First, Middle, Last, Suffix) Esther RODIN		
18a. INFORMANT- NAME (Type or Print) Cynthia Annette BROWN-CARLSON			18b. MAILING ADDRESS (Street or R.F.D. No, City of Town, State, Zip) PO BOX 2197 Stalene, Nevada 89449		
19a. BURIAL, CREMATION, REMOVAL; OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE		20b. FUNERAL DIRECTOR LICENSE NUMBER FD304		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
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) 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) July 24, 2020		21c. HOUR OF DEATH 13:31		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22a. 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 Stalene, NV, 89449				23b. LICENSE NUMBER 5124	
24a. REGISTRAR (Signature) WESLEY T STOREY		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 24, 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) End Stage Liver Disease				Interval between onset and death 2 Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I				26. AUTOPSY (Specified 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	

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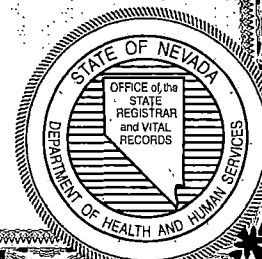
CERTIFIED COPY OF VITAL RECORDS

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: 7/27/2020

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

Wesley T Storey
STATE REGISTRAR



COPY