A.P.N. No.: | 1321-32-002-003

File No.: | 1201281 WLD

Recording Requested By:

Stewart Title Company

Mail Tax Statements To: | Same as below | When Recorded Mail To:

Curtis L. Evenson

 DOUGLAS COUNTY, NV

 Rec:\$40.00
 2021-967489

 \$40.00
 Pgs=3
 05/14/2021 02:54 PM

 STEWART TITLE COMPANY - NV

 KAREN ELLISON, RECORDER

## **AFFIDAVIT - DEATH OF JOINT TENANT**

State of Nevada	)
County of Douglas	) ss
County of Douglas	,

2224 Calle Del Sol Gardnerville, NV 89410

Curtis L. Evenson, of legal age, being first duly sworn, deposes and says: That Teresa Crotteau, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Teresa L. Crotteau named as one of the parties in that certain Grant, Bargain and Sale Deed dated December 27, 2004 executed by Teresa L. Crotteau, an unmarried woman and Curtis L. Evenson, who acquired title as Curtis Evenson, an unmarried man as joint tenants to Teresa L. Crotteau, an unmarried woman and Curtis L. Evenson, an unmarried man as joint tenants, recorded as Document No. 0633027, on December 27, 2004 in Book 1204, Page 12555 of Official Records of Douglas CountyNevada, covering the following described property situated in Douglas County, State of Nevada.

See Exhibit "A" attached hereto and made a part hereof.

Dated: May 14 2021.

	( unling weekon	\ \
	Curtis L. Evenson	
d		
F	State of Neurola )	/
	County of Douclas) ss	
1	This instrument was acknowledged before me on the 14	day of May . 2021
١	By: Curtis L. Evenson	
1		***************************************
	Signature:	WENDY DUNBAR Notary Public - State of Nevada
١,	Notary Rublic	Appointment Recorded in Douglas County No: 02-79065-5 - Expires Dec. 16, 2022



### **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

		NO.	93155

## CERTIFICATE OF DEATH

2021002224

RACE (Specify)  White  B. Hispanic Origin's Specify, No. Non-Hispanic, Non-Non-Hispanic, Non-Non-Hispa	ne oe	STATE FILE NUMBER
BLACK INK Gardnerville  DECEDENT  DECEDENT  DECEDENT  STATE OF BIRTH (IFOLD ISSOA.  BLATE OF BIRTH (IFOLD ISSOA.  BROWN IN THE WIRE OF BIR	RINTIN 1a	
DECEDENT  SCHINGTON OF DECATION OF BEATH IS PROSPITAL DAY THEN INSTITUTION ARRING FINE derived, you shared any services are serviced by the continuence of the contin		- manuary and antique of the control
SACCE (Specify)  White  S. ARGE (Specify)  S. ARGE (Specify)  S. ARGE (Specify)  White  S. ARGE (Specify)  S. ARGE (Specify)  White  S. ARGE (Specify)  S. AR	3b.	Inumber) Inpelient(Specify)
White No-Non-Hispanic (Years) 72 MOS DAYS HOUR MINS September 29, 19 as STATE OF BIRTH (III not USCA name country) (California) 9b Citizen of what Country (10 EDUCATION 11 MARIA STATUS SEEDED) 12 SURVIVING SERIOUS TO AND CALIFORNIA	EDENT _	Gardnerville 2224 Calle Del Sol Home Female
Domestic Partwiership Settlements  PARENTS  PARE	5. F	White No - Non-Hispanic (Years) 72 MOS DAYS HOURS MINS September 29, 1948
Solid Security   Soli	URRED IN TUTION SEE	e country) California United States 12 Domestic Partnership Curtis Lane EVENSON
15a RESIDENCE - STATE   15b. COUNTY   15c CITY, TOWN OR LOCATION   15d STREET AND NUMBER   15d STREE	GARDING PLETION OF SIDENCE	-5310 GROUNDSKEEPER LANDSCAPING Forces? No
PARENTS    16. FATHER/PARENT - NAME (Fres Middle Last Suffix)   17. MOTHER/PARENT - NAME (Frest Middle Last Suffix)   17. MOTHER/PARENT - NAME (Frest Middle Last Suffix)   18a. INFORMANT- NAME (Fr	ITEMS 15a	LIMING (Specify Tes
Richard Smith MANSFIELD    18a INFORMANT-NAME (Type or Print)   18b MAILING ADDRESS (Street or R.F.D. No. Gity or Town, State, Zip)   19c Curtis Lane EVENSON   19c DEATH   19c BURIAL, CREMATION, REMOVAL, OTHER (Specify)   19b. CEMETERY OR CREMATORY - NAME   19c LOCATION   City or Town   State   Carson City Nevada 89410   19c LOCATION   City or Town   State   Carson City Nevada 89706   Carson City	ــــــــــــــــــــــــــــــــــــــ	Nevada j sa Douglas #4#   12 Gardnerville #4   2224 Gaile Dei Soja #4#   1 Pes
Curtis Lane EVENSON  19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b, CEMETERY OR CREMATORY - NAME Walton's Seriar Crematory  20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) 20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN THOMAS SIGNATURE AUTHENTICATED  17aDE CALL - NAME AND ADDRESS SIGNATURE AUTHENTICATED  17aDE CALL - NAME AND ADDRESS 1521 To the best of my knowledge death occurred at the time, date and place and due signature & Title) 1521 To the best of my knowledge death occurred at the time, date and place and due signature & Title) 1522 Signature & Title) 1523 Do the best of my knowledge death occurred at the time, date and place and due signature & Title) 1524 Church Street Gardnerville NV 89410  CERTIFIER  CERTIFIER  CERTIFIER  21a To the best of my knowledge death occurred at the time, date and place and due signature & Title) 1524 Church Street Gardnerville NV 89410  CERTIFIER  21b DATE SIGNED (Mo/Day/Yr) 21c HOUR OF DEATH 22b DOPF MD  23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23b. LICENSE NUMBER Reed Dopf MD 907 Mountain Street Carson City, NV 89703  24a. REGISTRAR (Signature)  BLAISE SATARIANO SIGNATURE AUTHENTICATED  DETO, OR AS A CONSEQUENCE OF:  (a) Respiratory Arrest DUE TO, OR AS A CONSEQUENCE OF:  (b) ACUte Respiratory Failure  DUE TO, OR AS A CONSEQUENCE OF:  (c) Malignant, Metastatic Lung Carcinoma  15cret Authenticate  15created by Carcan City, New 200 (And Consequence and Consequence and Consequence and Carcan City, Nothing Carcan City, Nothi	RENTS 16.	
SPOSITION  Termation  SPOSITION  Termation  SPOSITION  Termation  SPOSITION  Termation  SPOSITION  Description  Termatory  Termatory	18a	그는 그는 사람들이 많은 그는 그는 그렇게 되었다. 그 사람들이 나를 살아왔다면 그 살아 없는 것이 없었다. 그는 사람들이 그는 사람들이 살아
SPOSITION  Cremation  Cremation  Cremation  Cremation  Walton's Sierra Crematory  Carson City Nevada 89706  20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)  CARLEN THOMAS  SIGNATURE AUTHENTICATED  CRADE CALL  TRADE CALL - NAME AND ADDRESS  SIGNATURE AUTHENTICATED  TRADE CALL - NAME AND ADDRESS  SIGNATURE AUTHENTICATED  TRADE CALL - NAME AND ADDRESS  CERTIFIER  CERTIFIER  CERTIFIER  CERTIFIER  CONDITIONS IF ARE AUTHENTICATED  CONDITIONS IF ANY WHICH GAVE RESIDENCY FAILURE (Signature & THEN TICATED)  SIGNATURE AUTHENTICATED  DUE TO, OR AS A CONSEQUENCE OF:  MALIgnart, Malignant, Metastatic Lung Carcinoma  Walton's Sierra Crematory  Consider Crematory  Consider Crematory  Walton's Pinnerals and Address of FACILITY  Walton's Funerals and Cremations  1521 Church Street Gardnerville NV 89410  1521 Church Street Gardnerville NV 89410  1522 Con the basis of examination and/or investigation, in my opinion death occurred of the cause(s) stated (Signature & Title)  REED DOPP MD  CERTIFIER  CERTIF	100	
CARLEN THOMAS SIGNATURE AUTHENTICATED  TRADE CALL - NAME AND ADDRESS  RADE CALL  TRADE CALL - NAME AND ADDRESS  21a To the best of my knowledge, death occurred at the time, cale and place and due SIGNATURE AUTHENTICATED  SIGNATURE AUTHENTICATED  SIGNATURE AUTHENTICATED  A 21a To the best of my knowledge, death occurred at the time, cale and place and due SIGNATURE AUTHENTICATED  REED DOPF MD  21b. DATE SIGNED (Mo/Day/Yr)  January 28, 2021  00:49  21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER  21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  Reed Dopf MD 907 Mountain Street Carson City, NV 89703  24a. REGISTRAR (Signature)  BLAISE SATARIANO SIGNATURE AUTHENTICATED  24b. DATE RECEIVED BY REGISTRAR  CAUSE OF DEATH  (a) Respiratory Arrest  DUE TO, OR AS A CONSEQUENCE OF MALENATE TO BE TO BE AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  ACUTE TO COMMUNICABLE DIS SIGNATURE AUTHENTICATED  25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  DUE TO, OR AS A CONSEQUENCE OF MALENATE TO CAUSE (PART) (MorDay/Yr)  ACUTE TO, OR AS A CONSEQUENCE OF MALENATE TO CAUSE (PART) (MorDay/Yr)  DUE TO, OR AS A CONSEQUENCE OF MALENATE TO CAUSE (PART) (MorDay/Yr)  ACUTE TO, OR AS A CONSEQUENCE OF MALENATE TO CAUSE (PART) (MorDay/Yr)  Malignant, Metastatic Lung Carcinoma  LICENSE NUMBER  1521 Church Street (Gardnerville NV 89410  22a. Children Street (MorDay/Yr)  22b. DATE RECEIVED BY REGISTRAR  24c. DEATH DUE TO COMMUNICABLE DIS  NO X  Interval between onset and	OSITION	Cremation Walton's Sierra Crematory Carson City Nevada 89706
RADE CALL  TRADE CALL - NAME AND ADDRESS  TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  TRADE CALL - NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  TRADE CALL - NAME AND ADDRESS OF CERTIFIE	20a	
CERTIFIER  CONCIDENCE  CERTIFIER  CONCIDENCE  CERTIFIER  CONCIDENCE  CERTIFIER  CONCIDENCE  CERTIFIER  CONCIDENCE  CERTIFIER  CERTIFIER  CONCIDENCE  CERTIFIER  CONCIDENCE  CERTIFIER  CERT		Z No. 10 Control of the control of t
CERTIFIER    Comparison of the cause(s) stated (Signature & Title)   SIGNATURE AUTHENTICATED   PREED DOPF MD   PREED DOPF MD	DE CALL TR	DE CALL - NAME AND ADDRESS 1 1 22 1 1 2 2 1 2 2 2 2 2 2 2 2 2 2
CERTIFIER    21b. DATE SIGNED (Mo/Day/Yr)   21c. HOUR OF DEATH   00:49   25c. HOUR OF DEATH   22c. HOUR OF DEATH		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  23b. LICENSE NUMBER Reed Dopf MD 907 Mountain Street Carson City, NV 89703  13920  24a. REGISTRAR (Signature)  BLAISE SATARIANO SIGNATURE AUTHENTICATED  CAUSE OF DEATH  CONDITIONS IF ANY WHICH GAVE RISE TO DUE TO, OR AS A CONSEQUENCE OF:  CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE CAUSE OF DUE TO, OR AS A CONSEQUENCE OF:  (b) Malignant, Metastatic Lung Carcinoma  CAUSE OF DUE TO, OR AS A CONSEQUENCE OF:  Malignant, Metastatic Lung Carcinoma  CAUSE OF DUE TO, OR AS A CONSEQUENCE OF:  Malignant, Metastatic Lung Carcinoma  CAUSE OF DUE TO, OR AS A CONSEQUENCE OF:  Malignant, Metastatic Lung Carcinoma  CAUSE OF DUE TO, OR AS A CONSEQUENCE OF:  Malignant, Metastatic Lung Carcinoma	RTIFIER	21b. DATE SIGNED (Mo/Day/Yr) 22c. HOUR OF DEATH 문설 22b. DATE SIGNED (Mo/Day/Yr) 22c. HOUR OF DEATH 00:49
REGISTRAR  Red Dopf MD 907 Mountain Street Carson City, NV 89703  13920  24a. REGISTRAR (Signature)  BLAISE SATARIANO SIGNATURE AUTHENTICATED  CAUSE OF DEATH  CONDITIONS IF ANY WHICH GAVE RISE TO OR AS A CONSEQUENCE OF:  LONDOTTIONS IF ANY WHICH GAVE RISE TO CONSEQUENCE OF:  LONDOTTIONS IF ANY WHICH GAVE RISE TO CONSEQUENCE OF:  LONDOTTIONS IF ANY WHICH GAVE RISE TO CONSEQUENCE OF:  LONDOTTIONS IF ANY WHICH GAVE RISE TO CONSEQUENCE OF:  LONDOTTIONS IF ANY WHICH GAVE RISE TO CONSEQUENCE OF:  Malignant, Metastatic Lung Carcinoma  Reed Dopf MD 907 Mountain Street Carson City, NV 89703  24b. DATE RECEIVED BY REGISTRAR  (Mo/Day/Yr) January 29, 2021  YES NO X  Interval between onset and Interv	T0 88	
CAUSE OF DEATH  CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (C) OR AS A CONSEQUENCE OF:  LINE CAUSE OF DUE TO, OR AS A CONSEQUENCE OF:  LINE CAUSE (C) MAlignant, Metastatic Lung Carcinoma  (Mo/Dey/Yr) January 29, 2021  YES NO X  Interval between onset and Interval between Interval between Interval between In	238	
DEATH  DEATH  Respiratory Arrest  DUE TO, OR AS A CONSEQUENCE OF: ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE STATING T	ISTRAR 242	(Mothay/Yr)
DUE TO, OR AS A CONSEQUENCE OF:  CONDITIONS IF ANY WHICH GAVE RISE TO DUE TO, OR AS A CONSEQUENCE OF:  Interval between onset and Interval between	USE OF   B	Respiraton/Arrest
ANY WHICH DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and Cause STATING THE  Co.  Interval between onset and Co.	DITIONS IF	DUE TO, OR AS A CONSEQUENCE OF:  A Cutte Place protectory Equipment  A cutte Place protectory Equipment
STATING THE 1 (C)	E RISE TO MEDIATE	DUE TO, OR AS A CONSEQUENCE OF Malignant Metastatic Lung Carcinoma
	FING THE ERLYING	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.  Venous Thromboembolism  26. AUTOPSY (Special 27. WAS CASE REFERRED TO CO (Specify Yes or No)	PA	Venous Thromboembolism  Yes or No)    REFERRED TO CORONI
28a. ACC., SUICIDE, HOM., UNDET. 28b. DATE OF INJURY (Mo/Day/Yr) 28c. HOUR OF INJURY 28d. DESCRIBE HOW INJURY OCCURRED OR PENDING INVEST. (Specify)	28a OR	
28e. INJURY AT WORK (Specify 28f, PLACE OF INJURY: At home, farm, street, factory, office 28g, LOCATION STREET OR R.F.D. No. CITY OR TOWN ST	28e	INJURY AT WORK (Specify 28f, PLACE OF INJURY: At home, farm, street, factory, office: 28g, LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE





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:

This copy is not valid un@ৰ্ব্বাপুট্টিটিটি কৈ engraved border displaying date, seal and signature of Registrar.



# EXHIBIT "A" LEGAL DESCRIPTION

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

### PARCEL 1:

All that Portion of Parcels 1-A and 1-B as shown on the Parcel Map #2 for Anthony S. Watkins Filed for record October 19, 1984 in Book 1084 of Official Records at Page 2293 as Document Number 108994 described as follows:

Commencing at the Northwest corner of said Parcel 1-A, from which point the West 1/4 corner of aforesaid Section 32 bears South 89°27'45" West a distance of 331.91 feet; thence along the West Line of said Parcel 1-A South 00°58'02" West, 640.67 feet to the true point of Beginning; thence continuing along the West Lines of Parcels 1-A and 1-B South 00°58'02" East 675.00 feet to the Southwest corner of Parcel 1-B; thence along the South Line North 89°15'52" East 327.71 feet to the Southeast corner of Parcel 1-B; thence along the East Line North 00°47'04" West 639.91 feet; thence leaving said East Line North 84°39'57" West 331.76 feet to the True point of Beginning.

### Parcel 2:

Easements for ingress and Egress as described in the following Documents Recorded April 7, 1980, in Book 480, Page 345, Document No. 43399; in Book 480, Page 351, Document No. 43402, in Book 480, Page 355, Document No. 43404, in Book 480, Page 358, Document No. 43405.

NOTE: The above metes and bounds description appeared previously in that certain Grant, Bargain, Sale Deed recorded in the office of the County Recorder of Washoe County, Nevada on December 27, 2004, as Document No. 633027, of Official Records.

