



KAREN ELLISON, RECORDER

This document does contain a social security number pursuant to NRS 440.380(1)(a) & NRS 40.525(5)

Natalia K. Vander Laan, Esq.

A.P.N.: 1320-30-511-030

Recording Requested By:)
Arlene Knudtson)
1766 Bella Casa Drive)
Minden, NV 89423)

When Recorded Mail to:)
Arlene Knudtson)
1766 Bella Casa Drive)
Minden, NV 89423)

Mail Tax Statements to:)
Arlene Knudtson)
1766 Bella Casa Drive)
Minden, NV 89423)

AFFIDAVIT – DEATH OF CO-TENANT

I, ARLENE ELLA KNUDTSON, also known as ARLENE E. KNUDTSON, of legal age, being first dully sworn, declare under penalty of perjury that:

PAUL VERNELL KNUDTSON, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as PAUL V. KNUDTSON, named as one of the parties (transferee/joint tenant) in that certain deed dated November 1, 2017, recorded on November 3, 2017, as Document No. 2017-906471 in the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

See Exhibit "A"

Together with all singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

Subject to:

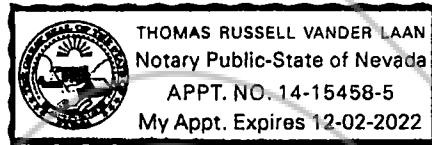
- 1. All general and special taxes for the current fiscal year.

Executed on this July 28, 2021, in Douglas County, State of Nevada.

Arlene Ella Knudtson
ARLENE ELLA KNUDTSON

STATE OF NEVADA)
): ss
COUNTY OF Douglas)

Signed and sworn to (or affirmed) before me on this July 28, 2021, by ARLENE ELLA KNUDTSON.



[Signature]
NOTARY PUBLIC

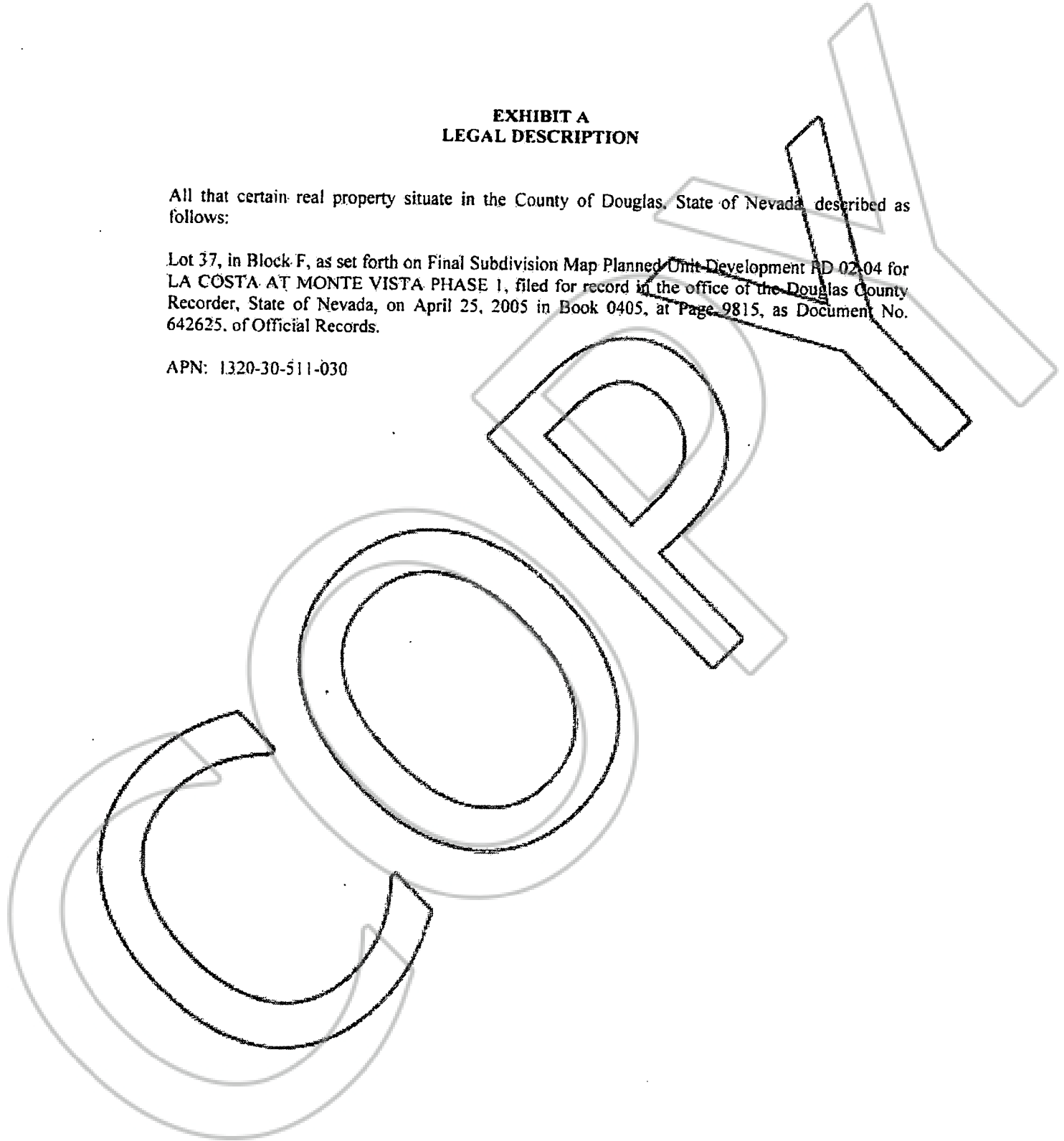
This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

**EXHIBIT A
LEGAL DESCRIPTION**

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

Lot 37, in Block F, as set forth on Final Subdivision Map Planned Unit Development RD 02-04 for LA COSTA AT MONTE VISTA PHASE 1, filed for record in the office of the Douglas County Recorder, State of Nevada, on April 25, 2005 in Book 0405, at Page 9815, as Document No. 642625, of Official Records.

APN: 1320-30-511-030



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4192282

CERTIFICATE OF DEATH

2021002033
STATE FILE NUMBER

TYPE OR PRINT IN 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) Paul Vernell KNUDTSON		2. DATE OF DEATH (Mo/Day/Year) January 20, 2021		3a COUNTY OF DEATH Douglas	
3b CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 1766 Bella Casa Drive		3e If Hosp or Inst indicate DOA,OP/Emer. Rm Inpatient(Specify) Home	
5. RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 81	
9a. STATE OF BIRTH (If not US/CA, name country) North Dakota		9b CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 8	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Arlene Ella ROGERS		8 DATE OF BIRTH (Mo/Day/Yr) May 02, 1939	
13 SOCIAL SECURITY NUMBER [REDACTED]-9029		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Owner Operator		14b KIND OF BUSINESS OR INDUSTRY Concrete Contractor	
15a RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c CITY, TOWN OR LOCATION Minden	
15d STREET AND NUMBER 1766 Bella Casa Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Ralph KNUDTSON			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Mary STANGLAND		
18a INFORMANT- NAME (Type or Print) Arlene Ella KNUDTSON		18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip) 1766 Bella Casa Drive Minden, Nevada 89423			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c LOCATION City or Town State Minden Nevada 89423	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Cremations 1600 Buckeye Rd Minden NV 89423	
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 ELLIOTT 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)		
21b. DATE SIGNED (Mo/Day/Yr) January 27, 2021		21c. HOUR OF DEATH 18:43		22b. DATE SIGNED (Mo/Day/Yr)	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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 Elliott MD 1200 Mountain Street Carson City, NV 89703				23b LICENSE NUMBER 10151	
24a REGISTRAR (Signature) CELESTE RAMIREZ MUNOZ SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 27, 2021		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) Myocardial Infarct				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) Coronary Atherosclerosis				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF-				Interval between onset and death	
(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. Seizure Disorder, History Of Cerebrovascular Accident				26 AUTOPSY (Specify Yes or No) No	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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	



CERTIFIED COPY OF VITAL RECORDS

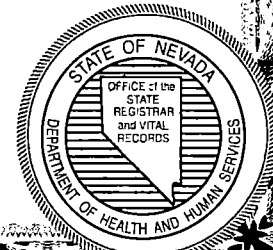
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

1/28/2021

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

Joe Pugh
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE