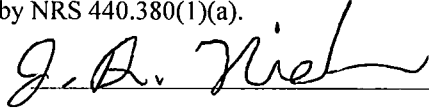


This document includes a certified copy of the death certificate as required by NRS 40.525(5) which contains a social security number required by NRS 440.380(1)(a).





KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:

Jonathon D. Nielsen
1419 Honeylocust Ave.,
Gardnerville, NV. 89410

Affidavit – Death of Joint Tenant

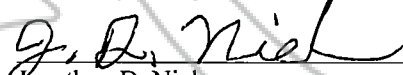
APN# 1220-03-210-024

I, Jonathon D. Nielsen, of legal age, being first duly sworn, depose and say: That Ruth A. Nielsen the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Ruth A. Nielsen named as one of the parties in that certain Quitclaim Deed dated 12/28/2011, executed by Ruth A. Nielsen to Ruth A. Nielsen and Jonathon D. Nielsen as Joint Tenants, recorded as Instrument No. 0794944 on 12/28/2011, in the Official Records of Douglas County, Nevada, described as follows: BEING A PORTION OF THE NORTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 3, TOWNSHIP 12 NORTH, RANGE 20 EAST FURTHER DESCRIBED AS FOLLOWS: LOT 54, BLOCK J, AS SET FORTH ON FINAL SUBDIVISION MAP LDA 01-047, PLANNED UNIT DEVELOPMENT FOR ARBOR GARDENS, PHASE 1, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON OCTOBER 18, 2002, BOOK 1002, PAGE 8115, AS DOCUMENT NO. 555262, AND BY CERTIFICATE OF AMENDMENT RECORDED FEBRUARY 20, 2003, IN BOOK 0203, AT PAGE 7818, AS DOCUMENT NO. 567590 AND RECORDED SEPTEMBER 28, 2004, IN BOOK 0904, PAGE 11209 AS INSTRUMENT NO. 0625221.

Commonly Known As: 1419 Honeylocust Ave., Gardnerville, NV. 89410

TOGETHER with all and singular the tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

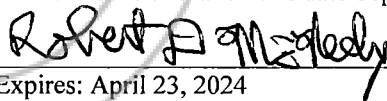
Dated this 23rd day of September, 2021



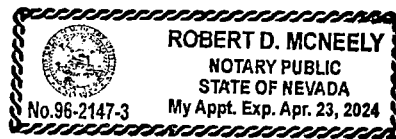
STATE OF Nevada
COUNTY OF Douglas

On this day personally appeared, before me Robert D. McNeely, known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and official seal on this date September 23, 2021.



My Commission Expires: April 23, 2024



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

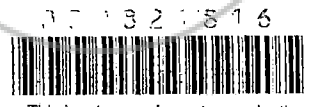
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4149811

CERTIFICATE OF DEATH

2020012299
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Ruth A NIELSEN		2. DATE OF DEATH (Mo/Day/Year) June 10, 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 address) Evergreen Gardnerville Health & Rehab Center		3e. If Hosp. or inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Residential Care Facility/Group Home	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 88	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 HOUR HOURS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) January 30, 1932		9a. STATE OF BIRTH (if not US/CA, name country) United States		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
PARENTS	13. SOCIAL SECURITY NUMBER 0096		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1419 Honey Locust Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) William SORRELS	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Irene BURNS		18a. INFORMANT- NAME (Type or Print) Jonathan David NIELSEN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1419 Honey Locust Ave Gardnerville, Nevada 89410	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Loma Vista Memorial Park		19c. LOCATION City or Town State Fullerton California 92835	
	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	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) RICARDO ALMAGUER 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) June 16, 2020		21c. HOUR OF DEATH 19:42		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Ricardo Almaguer MD 1600 Medical Parkway Carson City, NV 89703		23b. LICENSE NUMBER 925		24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 16, 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) Cardiopulmonary Arrest		Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) Pulmonary Arrest		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
	(c) Pneumonia		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(d) Dysphagia		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 1.				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				



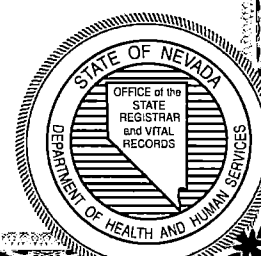
CERTIFIED COPY OF VITAL RECORDS

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: **7/1/2020**

Wesley T Storey
STATE 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