DOUGLAS COUNTY, NV

2021-976774

Rec:\$40.00 \$40.00

Pgs=4

11/09/2021 03:35 PM

STEWART TITLE COMPANY - NV KAREN ELLISON, RECORDER

| Recording Requested By: | |
|---|--|
| Stewart Title Company | _ \ \ |
| When Recorded Mail To: Tina M. Carlsen | |
| 3720 S. Curry Street #102 | ~ \ \ |
| Carson City, NV 89703 | |
| Mail Tax Statements to: (de Same as above | eds only) |
| | |
| | (space above for Recorder's use only) |
| | |
| I the undersigned hereby affirm | that the attached document, including any exhibits, hereby submitted |
| for recording does contain the so | ocial security number of a person or persons. (Per NRS 440.380 (1)(5 |
| | & 40.525 (5)) |
| Signature | |
| | Sherry Baker – Escrow Officer |
| / / | |
| | |
| |] -] |

APN#: 1420-28-312-012

Affidavit – Death of Joint Tenant

This page added to provide additional information required by NRS 111.312 (additional recording fee applies)

| A.P.N. No.: | 1420-28-312-01 | 12 | | | | |
|-------------------------|----------------|---------------|--|--|--|--|
| File No.: | 1436917 SAB | | | | | |
| Recording Requested By: | | | | | | |
| Stewart Title Company | | | | | | |
| Mail Tax Sta | itements To: | Same as below | | | | |
| When Recorded Mail To: | | | | | | |
| Tina M. Carls | sen | | | | | |
| | | | | | | |
| | | | | | | |

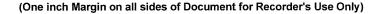
AFFIDAVIT - DEATH OF JOINT TENANT

| State of | Nevada | _) |
|-----------|---------|-----------|
| County of | whichae |) ss) |

Tina M. Carlsen, of legal age, being first duly sworn, deposes and says: That Fredrick R. Kelly, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Fredrick R. Kelly named as one of the parties in that certain Grant, Bargain, and Sale Deed dated March 13, 2003 executed by Merrill Construction, Inc., a Nevada Corporation to Fredrick R. Kelly and Tina M. Carlsen, husband and wife as joint tenants with right of survivorship, recorded as Document No. 0569898, on March 13, 2003 in Book 0303, Page 05760 of Official Records of Douglas CountyNevada, covering the following described property situated in Douglas County, State of Nevada.

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

Lot 163, Block B, as shown on the Final Map # PD99-02-06 for SARATOGA SPRINGS ESTATES UNIT 6, a Planned Development, recorded in the office of the County Recorder of Douglas County, Nevada, on June 28, 2002, in Book 602, at Page 10142, as Document No. 546028.



| Dated: | _, 2021. | \wedge |
|--|--|----------|
| Tina M. Carlsen, Surviving Join Tena | ant | |
| State of Negada County of Washer |)) ss) | |
| This instrument was acknowledged by: Tina M. Carlsen | pefore me on the <u>G</u> day of November | , 2021 |
| Signature: Notary Public | | |
| | SHERRY BAKER Notary Public - State of Nevada Appointment Recorded in Washoe County No: 99-43284-2 - Expires Nov. 05, 2022 | |
| | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

| CASE FI | LE NO. 4023389 | | CERTIFICATE O | F DEATH | | 018011032 |
|--|---|---|--|--|--|---|
| PRINTIN | 1a. DECEASED-NAME (FIRST,MI | DDLE,LAST,SUFFIX) | | 2. DA | TE OF DEATH (Mo/Day/Year) | 3a. COUNTY OF DEATH |
| PERMANENT BLACK INK | Fredrick | | KELLY | | June 05, 2018 | Douglas |
| DENOITING | 3b. CITY, TOWN, OR LOCATION | OF DEATH 3c. HOSPITA | L OR OTHER INSTITUTION -Na | me(If not either, give stree | | e DOA,OP/Emer. Rm. 4. SEX |
| DECEDENT | Minden | | 2878 La Cresta (| | | ome Male |
| | 5. RACE (Specify) Whi | | | | | DAY B. DATE OF BIRTH (Mo/Day/Yr) January 08, 1943 |
| IF DEATH OCCURRED IN | 9a. STATE OF BIRTH (If not US/C. name country) Idaho | A, 9b. CITIZEN OF W | HAT COUNTRY 10.EDUCATIO | | cify) 12. SURVIVING SPOUSE | 'S NAME (Last name prior to first marriage) na CARLSEN |
| INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF | 13. SOCIAL SECURITY NUMBER | | JPATION (Give Kind of Work Do | | b. KIND OF BUSINESS OR IN | DUSTRY Ever in US Armed |
| RESIDENCE ITEMS | -4961 15a. RESIDENCE - STATE 15 | Bb. COUNTY | Enginee 15c. CITY, TOWN OR LOC | | Research AND NUMBER | Forces? Yes 15e. INSIDE CITY LIMITS (Specify Yes |
| L | Nevada | Douglas | Minden | 2878 La C | Cresta Circle | or No) Yes |
| PARENTS | 16. FATHER/PARENT - NAME (FI | rst Middle Last Suffix) harles Virgil KELL | Y | 17 MOTHER/PAREN | IT-NAME (First Middle Las Margaret Lois | 76. |
| | 18a. INFORMANT- NAME (Type o Tina CA | | 18b. MAILING ADDRE | at the second se | lo, City or Town, State, Zip) a Circle Minden, Nevad | da 80423 |
| | 19a. BURIAL, CREMATION, REM | | 196 CEMETERY OR CREMATO | | The second secon | ION City or Town State |
| DISPOSITION | Crematio | n i | : Walton's | Sierra Crematory | Ca | arson City Nevada 89706 |
| | 20a. FUNERAL DIRECTOR - SIGN CARLEN | NATURE (Or Person Actin | g as Such) 20b. FUNERAL D LICENSE NUMBE | | D ADDRESS OF FACILITY Walton's Funerals | and Cremations |
| | SIGNATU | RE AUTHENTICATED | FD861 | / | 1521 Church Street Ga | ardnerville NV 89410 |
| TRADE CALL | TRADE CALL - NAME AND ADDR | ESS | | | 7 | |
| CERTIFIER | to the cause(s) stated.(Sign | ature & Title) | the time, date and place and due | at the time, date an | nd place and due to the cause(s) D HICKMAN NED (Mo/Day/Yr) | on, in my opinion death occurred stated. (Signature & Title) SIGNATURE AUTHENTICATED 22c. HOUR OF DEATH |
| | L CO | | | S Jur | ne 29, 2018 | 08:40 |
| | 윤분 21d. NAME OF ATTENDIN 은병 (Type or Print) | G PHYSICIAN IF OTHER | THAN CERTIFIER | - A. | NCED DEAD (Mo/Day/Yr) ne 05, 2018 | 22e, PRONOUNCED DEAD AT (Hour) 08:40 |
| | 23a. NAME AND ADDRESS OF C | | TTENDING PHYSICIAN, MEDIC Hickman P.O. Box 218 | | | 23b. LICENSE NUMBER |
| REGISTRAR | 24a. REGISTRAR (Signature) | BLAISE SA | IANIANO | 4b. DATE RECEIVED BY Mo/Day/Yr) July 1 | REGISTRAR 24c DEA | TH DUE TO COMMUNICABLE DISEASE YES NO X |
| CAUSE OF | 25. IMMEDIATE CAUSE | (ENTER ONLY ONE CAL | JSE PER LINE FOR (a), (b), AND | | -1 -5:10 | Interval between onset and death |
| DEATH | (4) | Vound of the He | ad | | | Interval between onset and death |
| CONDITIONS IF | (b) | AGOINGE GENCE GE. | | | | interval between onset and death |
| GAVE RISE TO | | A CONSEQUENCE OF: | | | | Interval between onset and death |
| STATING THE -> UNDERLYING CAUSE LAST | | A CONSEQUENCE OF: | | 7 | · · · · · · · · · · · · · · · · · · · | Interval between onset and death |
| | (d) PART II OTHER SIGNIFICANT C Cerebrovascular Accider | CONDITIONS-Conditions ont, Left Side Paralysis, Hyp | contributing to death but not result pertension, COPD, Depression: | ling in the underlying caus | e given in Part 1: 26. A | AUTOPSY (Specif 27. WAS CASE REFERRED TO CORONER or No) Yes (Specify Yes or No) Yes |
| | 28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) Suicide | 28b. DATE OF INJURY (Mo/D | ay/Yr) 28c. HOUR OF INJUR | 7 28d. DESCRIBE HOW II | NJURY OCCURRED | Yes (Specily Fes of No.) Yes |
| | 28e. INJURY AT WORK (Specify Yes or No) | 28f. PLACE OF INJURY- building, etc. (Specify) | At home, farm, street, factory, off | ice 28g, LOCATION | STREET OR R.F.D. No. | CITY OR TOWN STATE Nevada |
| 1 \ | | | | , I i i i | | |

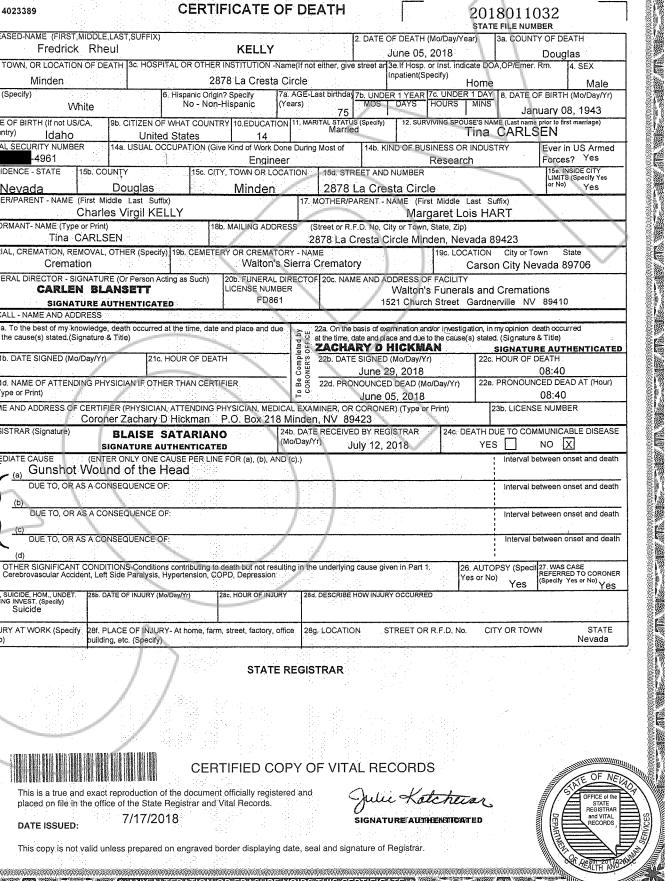




CERTIFIED COPY OF VITAL RECORDS

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.

7/17/2018



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

ANEIDENE DE MENTE DE MARCHIONALE EN CONTOURANTE DE MANAGER DE MANA