

DOUGLAS COUNTY, NV **2021-978107**  
Rec:\$40.00  
\$40.00 Pgs=5 12/07/2021 12:54 PM  
STEWART TITLE COMPANY - NV  
KAREN ELLISON, RECORDER

<b>A.P.N. No.:</b>	1220-04-114-002
<b>File No.:</b>	1462227 WLD
<b>Recording Requested By:</b>	
Stewart Title Company	
<b>When Recorded Mail To:</b>	
Deanna E. Kojder	
20594 Bear Valley Rd. Apt 131	
Apple Valley, CA 92308	

(for recorders use only)

**Affidavit 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: NRS 293B.030 and 440.380  
(State specific law)

Signature

Escrow Officer  
Title

Wendy Dunbar  
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.

(Additional recording fee applies)

<b>A.P.N. No.:</b>	1220-04-114-002
<b>File No.:</b>	1462227 WLD
<b>Recording Requested By:</b>	
<b>Stewart Title Company</b>	
<b>Mail Tax Statements To:</b>	<i>Same as below</i>
<b>When Recorded Mail To:</b>	
Deanna E. Kojder	

### AFFIDAVIT - DEATH OF JOINT TENANT

State of Nevada                    )  
   ) ss  
 County of Douglas                )


Deanna E. Kojder, of legal age, being first duly sworn, deposes and says: That Frank Marvin Kojder, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Frank M. Kojder named as one of the parties in that certain Grant, Bargain, and Sale Deed dated July 10, 2012 executed by Wanda M. Rodgers surviving Trustee of the Rodgers Family Trust dated August 12, 1985 and amended June 24, 2010 to Frank M. Kojder and Deanna E. Kojder, husband and wife as joint tenants, recorded as Document No. 806741, on July 31, 2012 in Book 712, Page 7706 of Official Records of Douglas County Nevada, covering the following described property situated in Douglas County, State of Nevada.

Situate in the County of Douglas, State of Nevada, described as follows:

Lot 90 as shown on the plat of KINGSLANE UNIT NO. 3A, filed for record in the office of the County Recorder of Douglas County, Nevada, on November 5, 1976, in Book I 176, Page 29a, as File No. 04483. Said plat was amended by Certificate of Amendment recorded December 2, 1976, as File No. 05025.

Excepting therefrom any mobile home located thereon.

Dated: December 1, 2021.

✓   
 \_\_\_\_\_  
 Deanna E. Kojder

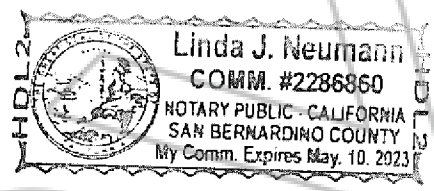
State of CALIFORNIA )

County of SAN BERNARDINO ) ss

This instrument was acknowledged before me on the 2nd day of December, 2021

By: Deanna E. Kojder

Signature: Linda J. Neumann  
Notary Public



**COPY**

"See attached CA Ack"

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of SAN BERNARDINO
On December 2, 2021 before me, LINDA J. NEUMANN Notary Public
Date Here Insert Name and Title of the Officer
personally appeared Deanna E. Kojder
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Linda J. Neumann
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document
Title or Type of Document: Affidavit of Death of Joint Tenant
Document Date: December 2, 2021 Number of Pages: 3
Signer(s) Other Than Named Above:

Capacity(ies) Claimed by Signer(s)

Signer's Name:
[ ] Corporate Officer - Title(s):
[ ] Partner - [ ] Limited [ ] General
[ ] Individual [ ] Attorney in Fact
[ ] Trustee [ ] Guardian of Conservator
[ ] Other:
Signer is Representing:

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4216338

**CERTIFICATE OF DEATH**

2021013299  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT 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) <b>Frank Marvin KOJDER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>June 01, 2021</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>1371 Queens Ct</b>		3e. If Hosp or Inst, indicate DOA,OP/Emer, Rm, Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>81</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>December 20, 1939</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Illinois</b>			
9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>13</b>		11. MARITAL STATUS (Specify) <b>Married</b>	
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Deanna SNOWMAN</b>		13. SOCIAL SECURITY NUMBER <b>██████████1960</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Master Gunnery Sergeant	
14b. KIND OF BUSINESS OR INDUSTRY <b>GOVERNMENT</b>		14c. Ever in US Armed Forces? <b>Yes</b>			
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1371 Queens Ct</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Frank KOJDER</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Estelle TARNOWSKI</b>		
18a. INFORMANT - NAME (Type or Print) <b>Deanna KOJDER</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1371 Queens Ct Gardnerville, Nevada 89410</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Riverside National Cemetery</b>		19c. LOCATION City or Town State <b>Riverside California 92518</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such): <b>CARLEN THOMAS</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD861</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</b>	
TRADE CALL - NAME AND ADDRESS: <b>Mead Mortuary 36930 Irwin Rd Barstow, CA 92311</b>					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) <b>NITA SCHWARTZ MD</b> 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) <b>June 05, 2021</b>		21c. HOUR OF DEATH <b>13:48</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) <b>Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703</b>			
23b. LICENSE NUMBER <b>9114</b>		24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b> SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 07, 2021</b>		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				Interval between onset and death	
(a) <b>Diffuse Large B-Cell Lymphoma, Without Remission</b>				Interval between onset and death	
(b) <b>Unknown Etiology</b>				Interval between onset and death	
(c) <b></b>				Interval between onset and death	
(d) <b></b>				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.				28. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>				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	

000875163



**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: **6/15/2021**

*Blaise Satariano*

STATE REGISTRAR

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

