

DOUGLAS COUNTY, NV

2022-982121

Rec:\$40.00

\$40.00 Pgs=2

03/07/2022 10:35 AM

VYLLA TITLE, LLC

KAREN ELLISON, RECORDER

MAIL TAX STATEMENT TO:
JAMES G HOLFELTZ
870 PALISADE CIRCLE
GARDNERVILLE NV 89460

APN#1220-15-310-032

**AFFIDAVIT OF SURVIVING SPOUSE
OR JOINT SURVIVORSHIP**
Vylla Title # 101-10384010

JAMES G. HOLFELTZ, being first duly sworn, deposes and says:

1) That we JAMES G. HOLFELTZ and PATRICIA L. HOLFELTZ are joint owners of property under a duly recorded survivorship or tenancy by entireties deed.

2) Said property is known as 541870 PALISADE CREEK County of DOUGLAS State of NVCA, and is further described as Permanent Parcel # 1220-15-310-032 A full legal description of said property is stated in the survivorship or entireties deed which is recorded in the records of the DOUGLAS County Recorder in Book: 703 Page: 16735, and a copy of the legal description is listed below:

LOT 11 BLOCK K AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT 4 FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON APRIL 10, 1967, AS DOCUMENT 35914

3) That PATRICIA L. HOLFELTZ died on or about 04/16/2017, and a copy of the certificate of death is attached hereto.

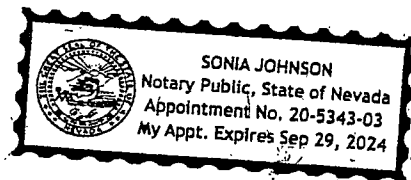
4) That by virtue of the death of the party listed in item #3 above, she/he is the fee simple owner of the above described property.


Affiant's name **JAMES G HOLFELTZ**

STATE OF Nevada
COUNTY OF Douglas

The foregoing instrument was acknowledged before me this 1st day of March 2022, 2022, by James G. Holfeltz who are known to me or who has produced driver license as identification.


Signature of Notary **SONIA JOHNSON**
My commission expires Sept 29, 2024



**STATE OF NEVADA
CERTIFICATE OF VITAL RECORD**

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

CASE FILE NO. 3951737 **CERTIFICATE OF DEATH** 2017007681
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

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) Patricia Louise HOLFELTZ			2. DATE OF DEATH (Mo/Day/Year) April 16, 2017		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street or Carson Valley Senior Living		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Assisted Living Facility		4. SEX Female
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 76	7b. UNDER 1 YEAR MOS DAYS 76	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) July 09, 1940
9a. STATE OF BIRTH (if not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 12	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) James G HOLFELTZ
13. SOCIAL SECURITY NUMBER 6465		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Cafeteria / Office		14b. KIND OF BUSINESS OR INDUSTRY School District		Ever in US Armed Forces? No
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville	15d. STREET AND NUMBER 870 Palisade Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Jesse Albert HAMETT			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mildred Maxine ENGLAND			
18a. INFORMANT - NAME (Type or Print) James G HOLFELTZ		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 870 Palisade Circle Gardnerville, Nevada 89450				
19a. BURIAL, CREMATION, REMOVAL OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CRAIG R COLEMAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD921	20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703			
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) NITA SCHWARTZ 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) April 25, 2017		21c. HOUR OF DEATH 04:20		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703					23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 26, 2017		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).)						Interval between onset and death
PART I (a) Alzheimer's Dementia						Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(b)						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.					26. AUTOPSY (Specify Yes or No) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
28a. ACC., SUICIDE, HON., UNDEY. 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

STATE REGISTRAR



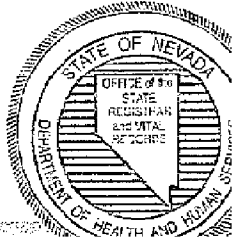
CERTIFIED COPY OF VITAL RECORDS

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: **MAY 02 2017**

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

Veralynn A Boyack
STATE REGISTRAR



VRS-Rev-20120523a