



KAREN ELLISON, RECORDER

Affidavit-Termination of Joint Tenancy (Death of a Joint Tenant)

ASSESSOR'S PARCEL NO. (APN#): 21-520-05
1420-07-815-021

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO
Name: Carolyn E. Holl
Address: 961 Sunup Ct
City/State/Zip: Carson City, NV 89705

I, Carolyn E. Holl, the Affiant, being of legal age, and being first duly sworn,
deposes and says:
That Theodore Edward Holl, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as Theodore Edward Holl
(Deceased Name as shown on Deed)

named as one of the parties in that certain Nevada Quit Claim Deed
(Type of Document)

dated on the May day of May, 2022, and executed by
Carolyn E. Holl, known as "Grantor(s)" to Howard E. Holl
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 045811, on the
day of May, 2022, in book _____, of Official Records of
Douglas County, Nevada, covering the following described property situated in the City of
Carson City, County of Douglas, State of Nevada.
(Set forth legal description and commonly known street address, if known)

See Exhibit "A"

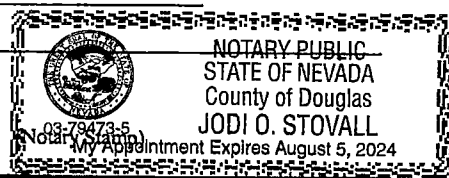
That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed the sum of \$ _____.

In witness Whereof, I/We have hereunto set my hand/our hands this 19th day of May, 2022

Carolyn E. Holl (Signature) _____
CAROLYN E. HOLL (Print or type name here) _____

STATE OF NEVADA)
COUNTY OF DOUGLAS)
This instrument was acknowledged before me on (date) MAY 19, 2022

By (person(s) appearing before notary public) CAROLYN E. HOLL
Jodi O. Stovall
(Notary Public)
My Commission expires: 8-5-24



Order No.: 98051951

EXHIBIT "A"
LEGAL DESCRIPTION

The land referred to herein is situated in the State of Nevada,
County of Douglas, described as follows:

Lot 39, in Block M, as set forth on that certain Final Map of
SUNRIDGE HEIGHTS, PHASES 7B and 9, a Planned Unit Development,
recorded in the office of the Douglas County Recorder on
September 5, 1995 in Book 995, Page 410, as Document No.
369825, and by Certificate of Amendment recorded August 14,
1996, in Book 896, Page 2588, as Document No. 394289.

Assessor's Parcel No. 21-520-05.

REQUESTED BY
STEWART TITLE of DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'99 JAN -6 P4:05

LINDA SLATER
RECORDER
\$8.00 PAID *[Signature]* DEPUTY

0458111

BK0199PG0763

1999-458111

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

CASE FILE NO. 3914933

2016016656
STATE COUNTY 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) Theodore Edward HOLL		2. DATE OF DEATH (Mo/Day/Year) September 14, 2016		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Inpatient)(Specify) Carson Tahoe Regional Medical Center Inpatient		4 SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 79	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8 DATE OF BIRTH (Mo/Day/Yr) July 07, 1937	
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) Carolyn Emilie BUTSCHY			
13. SOCIAL SECURITY NUMBER [REDACTED]-7989		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Certified Public Accountant		14b. KIND OF BUSINESS OR INDUSTRY County Of San Mateo	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 961 Sunup Court		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Edward Francis HOLL			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Irene ZOANNI		
18a. INFORMANT- NAME (Type or Print) Carolyn HOLL		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 961 Sunup Court Carson City, Nevada 89705			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
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) AMANDA M GRIFFITH DO 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) September 16, 2016		21c. HOUR OF DEATH 14:17		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Amanda M Griffith DO 1600 Medical Pkwy Carson City, NV 89703				23b. LICENSE NUMBER DO1685	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 16, 2016		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					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Acute Hypoxemic Respiratory Failure Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Subdural Hematoma Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Chronic Kidney Disease, Stage III 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. Chronic Systolic Heart Failure; Paroxysmal Atrial Fibrillation; Atherosclerotic Disease; Previous Cerebrovascular Accident; Unknown Etiology				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC. SUICIDE, HOMICIDE, 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

VRS-Rev-20120523a



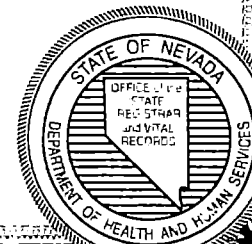
CERTIFIED COPY OF VITAL RECORDS

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: 9/21/2016

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

Cody Phinney
STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE