

APN# 1420-29-612-021



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Bradley Landahl

Address: 1132 San Marcos Circle

City/State/Zip: Minden NV 89423

Mail Tax Statements to:

Name: Bradley Landahl

Address: 1132 San Marcos Circle

City/State/Zip: Minden NV 89423

AFFIDAVIT OF DEATH OF JOINT TENANT

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Signature

Kelly R Chase
Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
):ss
COUNTY OF DOUGLAS)

Bradley C. Landahl, of legal age, being first duly sworn deposes and says:

That **Margaret J. Landahl** the decedent, is the same person as named as one of the parties in that certain “Corporation Grant, Bargain and Sale Deed” dated November 16, 2005, executed by Merrill Construction, Inc, as Grantor, to Bradley C. Landahl and Margaret J. Landahl, husband and wife, as Joint Tenants, Grantees, and recorded on November 18, 2005 in Book 1105, at Page 8527, as Document No. 0661076, of the Official Records of Douglas County, State of Nevada, pertaining to the following described property situate in Douglas County, State of Nevada, commonly known as 1132 San Marcos Circle, Minden, Nevada 89423, and more particularly described as follows:

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

Lot 298, in Block C, as shown on the Final Map #PD99-02-08 of SARATOGA SPRINGS ESTATES UNIT 8, A PLANNED DEVELOPMENT, filed in the Office of the Douglas County Recorder on October 18, 2004, as Document No. 626992.

ASSESSOR’S PARCEL NO. 1420-29-612-021

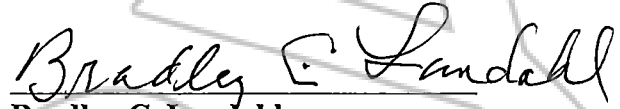
Per NRS 111.312, this legal description was previously recorded on November 18, 2005, in Book 1105, at Page 8527, as Document No. 0661076, Official Records of Douglas County, Nevada.

That the said Margaret J. Landahl died on the 28th day of March, 2016, in Gardnerville, Douglas County, State of Nevada, as set forth in the Certificate of Death filed April 1, 2016, as

document number 2016005604 with the Registrar of the State of Nevada, Department of Health and Human Services, Division of Health, Vital Statistics, to which your attention is directed.

That all interest in and to said real property vested absolutely in affiant, **Bradley C. Landahl**, as of the date of said decedent's death as set forth above.

DATED this 26 day of August, 2022.

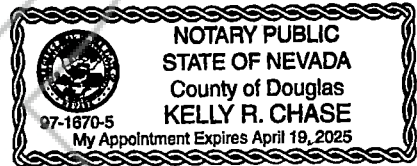


Bradley C. Landahl

SUBSCRIBED and SWORN (or affirmed) to before me this 26th day of August, 2022, by Bradley Landahl.



Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

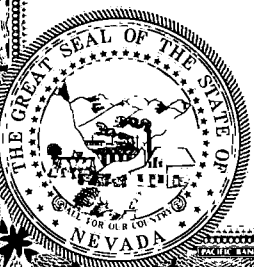
CASE FILE NO. 3885897

CERTIFICATE OF DEATH

2016005604
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Margaret Jane LANDAHL		2. DATE OF DEATH (Mo/Day/Year) March 28, 2016		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and Inpatient)(Specify) Gardnerville Health and Rehabilitation Center Nursing Home		4. SEX Female	
	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 78	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) November 18, 1937	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Pennsylvania		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16+	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Bradley LANDAHL			
	13. SOCIAL SECURITY NUMBER ██████████-9930		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Teacher		14b. KIND OF BUSINESS OR INDUSTRY Education	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
PARENTS	15d. STREET AND NUMBER 1132 San Marcos Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Herbert ELOSGE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Margaret		
	18a. INFORMANT- NAME (Type or Print) Bradley LANDAHL		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1132 San Marcos Circle Minden, Nevada 89423			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
DISPOSITION	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) JOSE AGUIRRE M.D. 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) March 30, 2016		21c. HOUR OF DEATH 07:05		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
CERTIFIER	22b. DATE SIGNED (Mo/Day/Yr)		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) Jose Aguirre M.D. - 1600 Medical Parkway Carson City, NV 89703			
	23b. LICENSE NUMBER 11479		24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 30, 2016		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
	PART I (a) Cardiopulmonary Arrest				Interval between onset and death	
	(b) Metastatic Breast Cancer				Interval between onset and death	
	(c) Alzheimers Disease				Interval between onset and death	
CAUSE OF DEATH	(d) Unknown Etiology				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. Unknown Etiology				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		

STATE REGISTRAR



622250

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: 4/1/2016

Cody Phinney
STATE REGISTRAR
SIGNATURE AUTHENTICATED



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a