

WEILAND-ANDERSON. The beneficiaries listed in the Deed Upon Death are **LORI ANN SUNDT, KATHY WEILAND** and **KAREN EEDS**, as tenants in common.

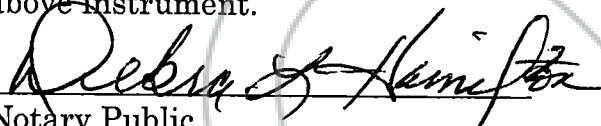
THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON.

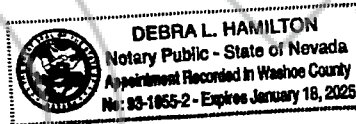
DATED this 16th day of August, 2022.


KATHY WEILAND

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

On this 16th day of August, 2022, personally appeared before me, a Notary Public, KATHY WEILAND, personally known to me to be the person whose name is subscribed to the above instrument who acknowledged that she executed the above instrument.


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. 4241171

CERTIFICATE OF DEATH

2021025301
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) Shirley Ann WEILAND ANDERSON		2. DATE OF DEATH (Mo/Day/Year) October 05, 2021		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 number) 1175 Woodfords Ln		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 84	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		7d. UNDER 1 MIN MINS	
9a. STATE OF BIRTH (if not US/CA, name country) Wisconsin		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER 0915		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
BUSINESS OWNER		FARMING		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1175 Woodfords Ln		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Albert FRAHMANN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Eleanor NELSON		
18a. INFORMANT- NAME (Type or Print) Kathy WEILAND			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1321 Dennis St Minden, Nevada 89423		
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) CARLEN THOMAS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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) October 13, 2021		21c. HOUR OF DEATH 13:00		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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703			
23b. LICENSE NUMBER 9114		24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 14, 2021		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) Emphysema DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(b) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(d) DUE TO, OR AS A CONSEQUENCE OF:					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) No					
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	



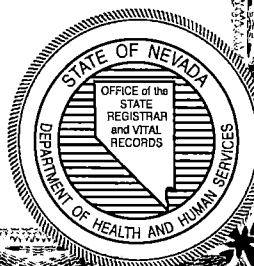
CERTIFIED COPY OF VITAL RECORDS

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: **10/22/2021**

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

Daran Grissom
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF NEVADA
DECLARATION OF VALUE

- 1. Assessor Parcel Number(s)
 - a) 1220-17-613-010
 - b) _____
 - c) _____
 - d) _____

- 2. Type of Property:
 - a) Vacant Land
 - b) Single Fam. Res.
 - c) Condo/Twnhse
 - d) 2-4 Plex
 - e) Apt. Bldg
 - f) Comm'/Ind'l
 - g) Agricultural
 - h) Mobile Home
 - i) Other _____

FOR RECORDERS OPTIONAL USE ONLY	
BOOK _____	PAGE _____
DATE OF RECORDING: _____	
NOTES: _____	

- 3. Total Value/Sales Price of Property: \$ _____
- Deed in Lieu of Foreclosure Only (value of property) (_____
- Transfer Tax Value: \$ _____
- Real Property Transfer Tax Due: \$ _____

- 4. If Exemption Claimed:
 - a. Transfer Tax Exemption per NRS 375.090, Section # 10
 - b. Explain Reason for Exemption: transfer upon Death Affidavit

5. Partial Interest: Percentage being transferred: _____ %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month.

Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Kathy Weiland Capacity Executor/Grantor
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION (REQUIRED)
 Print Name: Kathy Weiland
 Address: 1175 Woodlands Ln
 City: Gardnerville
 State: NV Zip: 89460

BUYER (GRANTEE) INFORMATION (REQUIRED)
 Print Name: _____
 Address: SALE
 City: _____
 State: _____ Zip: _____

COMPANY/PERSON REQUESTING RECORDING
 (required if not the seller or buyer)

Print Name: _____ Escrow # _____
 Address: _____
 City: _____ State: _____ Zip: _____

(AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED)