

DOUGLAS COUNTY, NV

2022-990466

Rec:\$40.00

\$40.00

Pgs=4

10/03/2022 08:10 AM

WOODMAN LAW GROUP

KAREN ELLISON, RECORDER

APN: 1220-12-210-015

Recording Requested By:

Charles B. Woodman, Esq.
548 W. Plumb Lane, Suite B
Reno, Nevada 89509

When Recorded Mail To:

Mail Tax Statements To:

Elizabeth Hofstetter, Ttee
P.O. Box 573
Gardnerville, NV 89410

AFFIDAVIT OF DEATH OF A TRUSTEE

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording contains personal information as required by law (Per NRS 440.380(1)(A) and NRS 40.525(5) – Affidavit of Death)



A handwritten signature in black ink is written over a horizontal line. The signature is stylized and appears to be the initials 'C.B.W.' followed by a surname.

MAIL TAX STATEMENTS TO:
WHEN RECORDED RETURN TO:

Elizabeth Hofstetter, Ttee
P.O. Box 573
Gardnerville, NV 89410

APN: 1220-12-210-015

AFFIDAVIT OF DEATH OF A TRUSTEE

I, ELIZABETH HOFSTETTER, being of legal age and sound mind, being first duly sworn, deposes and says:

That LARRY WAYNE HOFSTETTER, identified in the attached certified copy of Certificate of Death, is the same person as LARRY W. HOFSTETTER, named as the Grantee in that certain "Grant, Bargain, Sale Deed" (APN 1220-12-210-015) dated October 19, 2001, said deed having been recorded as Document No. 0526295, Official Records of Douglas County, State of Nevada, and affecting the following land:

Parcel 3-C as set forth on Parcel Map LDA 98-080 for Alton A. & Susan L. Anker and Harry and Billie Tedsen, filed for record in the Office of the Douglas County Recorder April 14, 1999, in Book 499, Page 2745, as Document No. 465698 of Official Records.

Together with, all and singular, the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

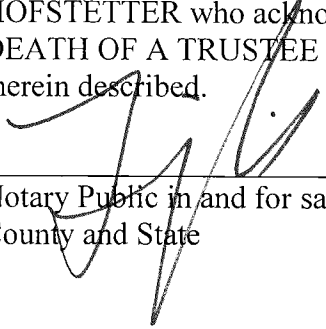
Dated this 30 day of Sept, 2022.

Elizabeth Hofstetter
ELIZABETH HOFSTETTER

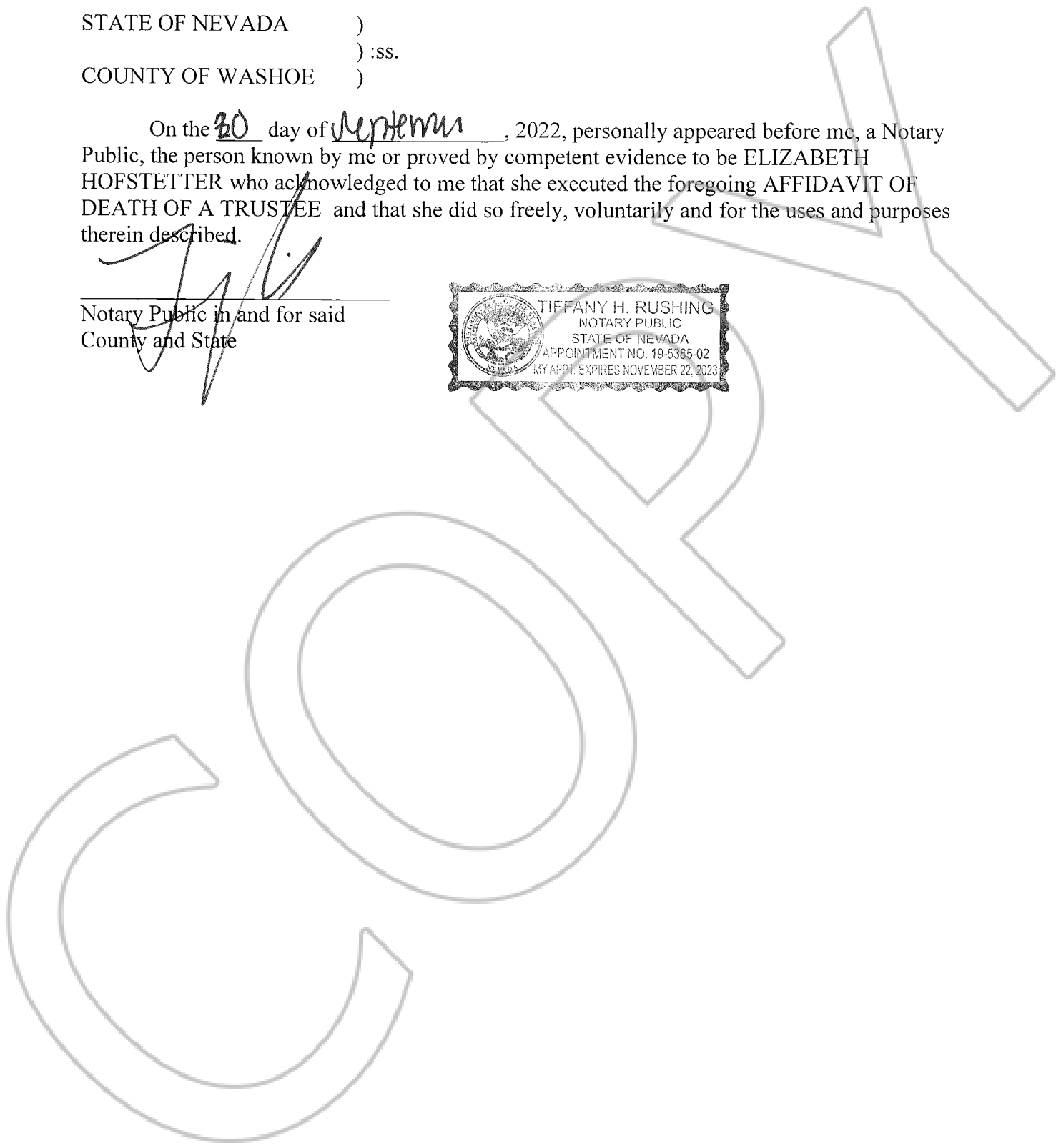
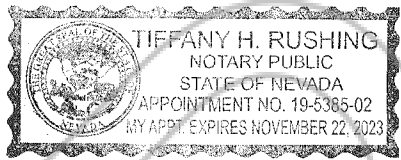
ACKNOWLEDGMENT

STATE OF NEVADA)
) :ss.
COUNTY OF WASHOE)

On the 30 day of September, 2022, personally appeared before me, a Notary Public, the person known by me or proved by competent evidence to be ELIZABETH HOFSTETTER who acknowledged to me that she executed the foregoing AFFIDAVIT OF DEATH OF A TRUSTEE and that she did so freely, voluntarily and for the uses and purposes therein described.



Notary Public in and for said
County and State



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

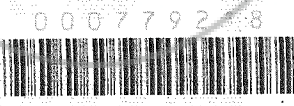
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4091690

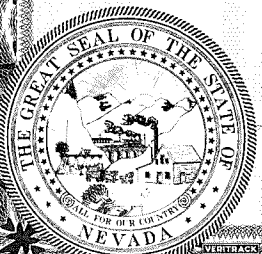
CERTIFICATE OF DEATH

2019014197
STATE FILE NUMBER

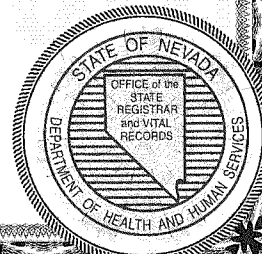
TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Larry Wayne HOFSTETTER		2. DATE OF DEATH (Mo/Day/Year) July 09, 2019		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 1871 Crockett Lane		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 74		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) January 04, 1945		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) Elizabeth MARKS	
PARENTS	13. SOCIAL SECURITY NUMBER 3310		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) CARPENTER		14b. KIND OF BUSINESS OR INDUSTRY CARPENTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1871 Crockett Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Milo Alfonso HOFSTETTER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lois Letha LOGANBILL		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) Elizabeth HOFSTETTER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1871 Crockett Lane Gardnerville, Nevada 89410			
	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	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME, AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmerelda Place Minden NV 89423	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) GEOFFREY MARSHALL 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) GEOFFREY MARSHALL SIGNATURE AUTHENTICATED			
	21b. DATE SIGNED (Mo/Day/Yr) July 25, 2019		21c. HOUR OF DEATH 21:11		22b. DATE SIGNED (Mo/Day/Yr) July 18, 2019	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 21:11		22d. PRONOUNCED DEAD AT (Hour) 21:11	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Geoffrey Marshall P O Box 218 Minden, NV 89423				23b. LICENSE NUMBER 0430	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) ANGELICA RAMIREZ SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 25, 2019		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).)					
DATE ISSUED:	PART I		Interval between onset and death			
	(a) Atherosclerotic Cardiovascular Disease		DUE TO, OR AS A CONSEQUENCE OF:			
7/25/2019	(b) Hypertensive Cardiovascular Disease		DUE TO, OR AS A CONSEQUENCE OF:			
	(c)		DUE TO, OR AS A CONSEQUENCE OF:			
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.	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Type II Diabetes Mellitus				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)			
This certificate is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.	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



Gene Spigler
Administrator
STATE REGISTRAR



DATE ISSUED: 7/25/2019

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE