



00161524202209910400030032

KAREN ELLISON, RECORDER

APN: 1420-28-113-009

When Recorded Mail to:

Neal C. Falk, Esq  
990 Ironwood Drive  
Minden NV 89423

Mail Tax Statements to:

Gina Kaspar  
2971 San Mateo Drive  
Minden, NV 89423

SPACE ABOVE RESERVED FOR RECORDER'S USE

Pursuant to *NRS 239B.030*, I, the undersigned, affirm that this document submitted for recording does not contain the social security number of any person or persons.

**AFFIDAVIT OF DEATH OF JOINT TENANT**

State of NEVADA            )  
  : ss.  
County of DOUGLAS        )

Comes now, Gina Kaspar, affiant herein, being of lawful age and sound mind and having been duly sworn upon his oath, states:

1. I am over 18 years of age, am of sound mind, and if called to testify would competently testify to the following.

2. The real property commonly known as 2961 San Mateo Drive, Minden, NV 89423, was conveyed to Fred Holdorf, Jr. and Mary Jo Holdorf, husband and wife as joint tenants with rights of survivorship, by that certain Grant Deed recorded on December 11, 2002 as Document No. 0560394 in Book 1202 at Page 04668 of the Official Records in the Office of the County Recorder of Douglas County, in and for the State of Nevada, (the "Deed").

3. Fred Holdorf Jr. (Decedent) died on December 15, 2017. A certified copy of Decedent's death certificate is attached hereto and incorporated herein by reference.

4. At the time of the Decedent's death, he was the record owner, of certain real property which property is described in a Grant Deed.

5. The real property commonly known as 2961 San Mateo Drive, Minden, NV 89423, which is the subject of the Deed is located in the County of Douglas, State of Nevada, and is more particularly described as follows:

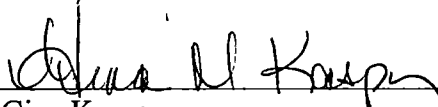
LOT 223 IN BLOCK E, AS SHOWN ON THE FINAL MAP #PD99-02-04 FOR SARATOGA SPRINGS ESTATES UNIT NO. 4, A PLANNED UNIT DEVELOPMENT, RECORDED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MAY 19, 2000, IN BOOK 500, PAGE 4445, AS DOCUMENT NO. 492337.

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

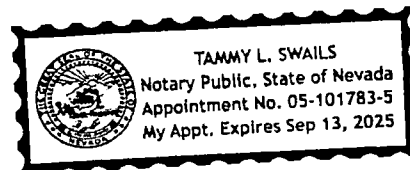
*Pursuant to NRS §111.312, this legal description was previously recorded on December 11, 2002, as Document No. 0560394 in Book 1202 at Page 04668, in the Official Records of Douglas County.*

DATED this 19<sup>th</sup> day of October 2022.

  
Gina Kaspar

SUBSCRIBED and SWORN to before me  
this 19<sup>th</sup> day of October 2022.

  
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. 3994096

**CERTIFICATE OF DEATH**

2017023821  
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) <b>Frederick W HOLDORF JR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 15, 2017</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or <b>2961 San Mateo Drive</b> Inpatient(Specify) <b>Home</b>		4. SEX <b>Male</b>	
5. RACE (Specify) <b>White</b>		8. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) <b>77</b>	7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS	7c. UNDER 1 DAY HOURS   MINS
9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	11. MARITAL STATUS (Specify) <b>Married</b>
13. SOCIAL SECURITY NUMBER <b>8290</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Technician</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Aerspace</b>	
15a. RESIDENCE - STATE <b>Nevada</b>	15b. COUNTY <b>Douglas</b>	15c. CITY, TOWN OR LOCATION <b>Minden</b>	15d. STREET AND NUMBER <b>2961 San Mateo Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Frederick W HOLDORF SR</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Marie RICHTER</b>		
18a. INFORMANT - NAME (Type or Print) <b>Mary Jo HOLDORF</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2961 San Mateo Drive Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CRAIG R COLEMAN</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD921</b>	20c. NAME AND ADDRESS OF FACILITY <b>Cremation Society of Nevada - Capitol City</b> <b>1614 N Curry Street Carson City NV 89703</b>		
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) <b>GERALD L COTTRELL MD</b> 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) <b>December 20, 2017</b>		21c. HOUR OF DEATH <b>01:43</b>		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)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Gerald L Cottrell MD 1702 County Rd Minden, NV 89423</b>				23b. LICENSE NUMBER <b>6778</b>	
24a. REGISTRAR (Signature) <b>MELISSA KNIGHT</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 21, 2017</b>		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) <b>Cardiopulmonary Arrest</b>				Interval between onset and death <b>20 Min</b>	
(b) <b>Acute Myocardial Infarction</b>				Interval between onset and death <b>30 Min</b>	
(c) <b>Coronary Artery Disease</b>				Interval between onset and death <b>Years</b>	
(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. <b>Parkinson's Disease, Lewy Body Dementia</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
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



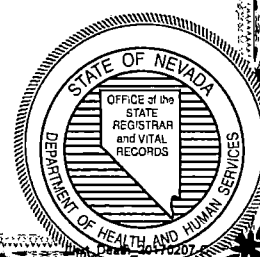
CERTIFIED COPY OF VITAL RECORDS

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: 12/26/2017

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

*[Signature]*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE