

APN# 1420-07-212-002



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: JOHN H. APPELHANS

Address: 3544 GRANS VIEW CT

City/State/Zip: CARSON CITY, NV. 89705

Mail Tax Statements to:

Name: ABOVE

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

AFFIDAVIT OF DEATH

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)

John Harry Appelhaus  
Signature

JOHN HARRY APPELHANS  
Printed Name

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Affidavit of Death**

STATE OF NEVADA  
COUNTY OF DOUGLAS

I, JOHN H. APPELHANS, residing at 3544 GRANDVIEW CT.,  
being of legal age, depose and say that:

That \_\_\_\_\_,

MARY S. APPELHANS died on MARCH 4, 2022 as  
evidence by a certified copy of that Certificate of Death, attached hereto;

That I am the successor to the estate of the descendant and to the descendants interest in funds held by various institutions and no other person has a superior right to the interest of the decedents in the described property;

SEE EXHIBIT A  
That no proceeding is being or has been conducted in DOUGLAS COUNTY NEVADA for administration of the descendant's estate.

**Oath of Affirmation:**

I certify under penalty of perjury under NEVADA law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

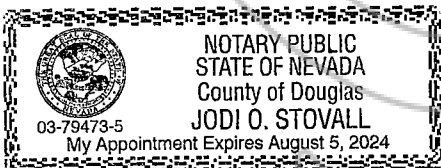
Signed and sworn to before me on  
OCTOBER 25, 2022 by

JOHN HARRY APPELHANS

John Harry Appelhans  
JOHN HARRY APPELHANS

STATE OF NEVADA, COUNTY OF DOUGLAS, ss:

Jodi O. Stovall  
Notary Public



Notary Public  
Title (and Rank)

My commission expires 8-5-24

EXHIBIT A

DOC # 0704334  
07/02/2007 02:58 PM Deputy: SD

OFFICIAL RECORD

Requested By:

FIRST AMERICAN TITLE COMPANY

A.P.N.: 1420-07-212-002  
File No: 131-2326862 (CAC)  
R.P.T.T.: \$1,189.50

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 2 Fee: 15.00  
BK-0707 PG-0362 RPTT: 1189.50



When Recorded Mail To: Mail Tax Statements To:  
John H. Appelhans and Mary S. Appelhans  
3544 Grand View Court  
Carson City, NV 89705

**GRANT, BARGAIN and SALE DEED**

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

The Nanette Tracy Living Trust, UTD October 20, 2005, Nanette Tracy, Trustee

do(es) hereby *GRANT, BARGAIN and SELL* to

Mary S. Appelhans and John H. Appelhans, wife and husband as Joint Tenants with  
Rights of Survivorship

the real property situate in the County of Douglas, State of Nevada, described as follows:

**LOT H-15, IN BLOCK H, AS SHOWN ON THE FINAL MAP #97-1007-5 OF VALLEY VISTA  
ESTATES, PHASE 4 RECORDED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER,  
STATE OF NEVADA, ON JULY 28, 2000, IN BOOK 0700, AT PAGE 4819, AS DOCUMENT  
NO. 496654, OFFICIAL RECORDS.**

*TOGETHER* with all tenements, hereditaments and appurtenances, including easements and  
water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents,  
issues or profits thereof.

Date: 06/11/2007

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4271481

**CERTIFICATE OF DEATH**

2022006244  
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>Mary Sue APPELHANS</b>		2 DATE OF DEATH (Mo/Day/Year) <b>March 04, 2022</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) <b>3544 Grandview Court</b>		3e If Hosp or Inst Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Female</b>		5 RACE (Specify) <b>White</b>		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) <b>76</b>		7b UNDER 1 YEAR MOS   DAYS		7c UNDER 1 DAY HOURS   MINS	
8 DATE OF BIRTH (Mo/Day/Yr) <b>August 28, 1945</b>		9a STATE OF BIRTH (If not US/CA, name country) <b>Illinois</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10.EDUCATION <b>14</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>John Harry APPELHANS</b>	
13. SOCIAL SECURITY NUMBER <b>██████████-1843</b>		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>TEACHER</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>EDUCATION</b>	
15a RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
15d. STREET AND NUMBER <b>3544 Grandview Court</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>No</b>	
16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>John Thomas FRIEDL</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Evelyn EWERLING</b>		
18a. INFORMANT - NAME (Type or Print) <b>John Harry APPELHANS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>3544 Grandview Court Carson City, Nevada 89705</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Autumn Cremation Services</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD304</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations 1575 N Lompa Ln Carson City NV 89701</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>ANNE K BUTLER MD</b> <b>SIGNATURE AUTHENTICATED</b>			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>March 08, 2022</b>		21c. HOUR OF DEATH <b>10:45</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <b>Anne K Butler MD 412 W John St, Ste B Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>19146</b>	
24a. REGISTRAR (Signature) <b>DARAN GRISSOM</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 09, 2022</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>Idiopathic Pulmonary Fibrosis</b> DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)				Interval between onset and death <b>20 Years</b> Interval between onset and death Interval between onset and death 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) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (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	



**CERTIFIED COPY OF VITAL RECORDS**

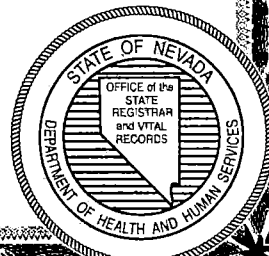
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **3/15/2022**

*Jan J. [Signature]*

STATE REGISTRAR

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



**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**