

APN No.: 1220-15-110-034

Escrow No.: 22-436053

**MAIL TAX STATEMENT TO AND WHEN RECORDED RETURN TO:**

Lena M Lundberg  
1437 Evening Star Lane  
Gardenville, NV 89460

**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF NEVADA  
COUNTY OF Douglas

} ss

Mark C Lundberg, of legal age, being duly sworn, deposes and says Birger E. Lundberg That Deceased the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as name on title named as one of the parties in that certain type of document dated September 26, 1989 executed by Kenneth W. Nelson and Domitila Pena Palomera husband and wife to Birger E Lundberg and Lena M. Lundberg, husband and wife, as joint tenants, recorded October 13, 1989 instrument 212942, Book 1089, page 1513 , Official Records of Douglas County, NEVADA, covering the following described property.

**See Attached Exhibit "A"**

Dated this 16<sup>th</sup> day of November, 2022

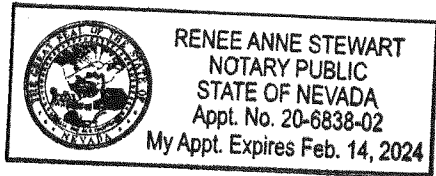
[Signature]  
Mark C Lundberg

STATE OF NEVADA  
COUNTY OF Douglas

} ss:

This instrument was acknowledged before me on this 16<sup>th</sup> day of November, 2022 by **Mark C. Lundberg**

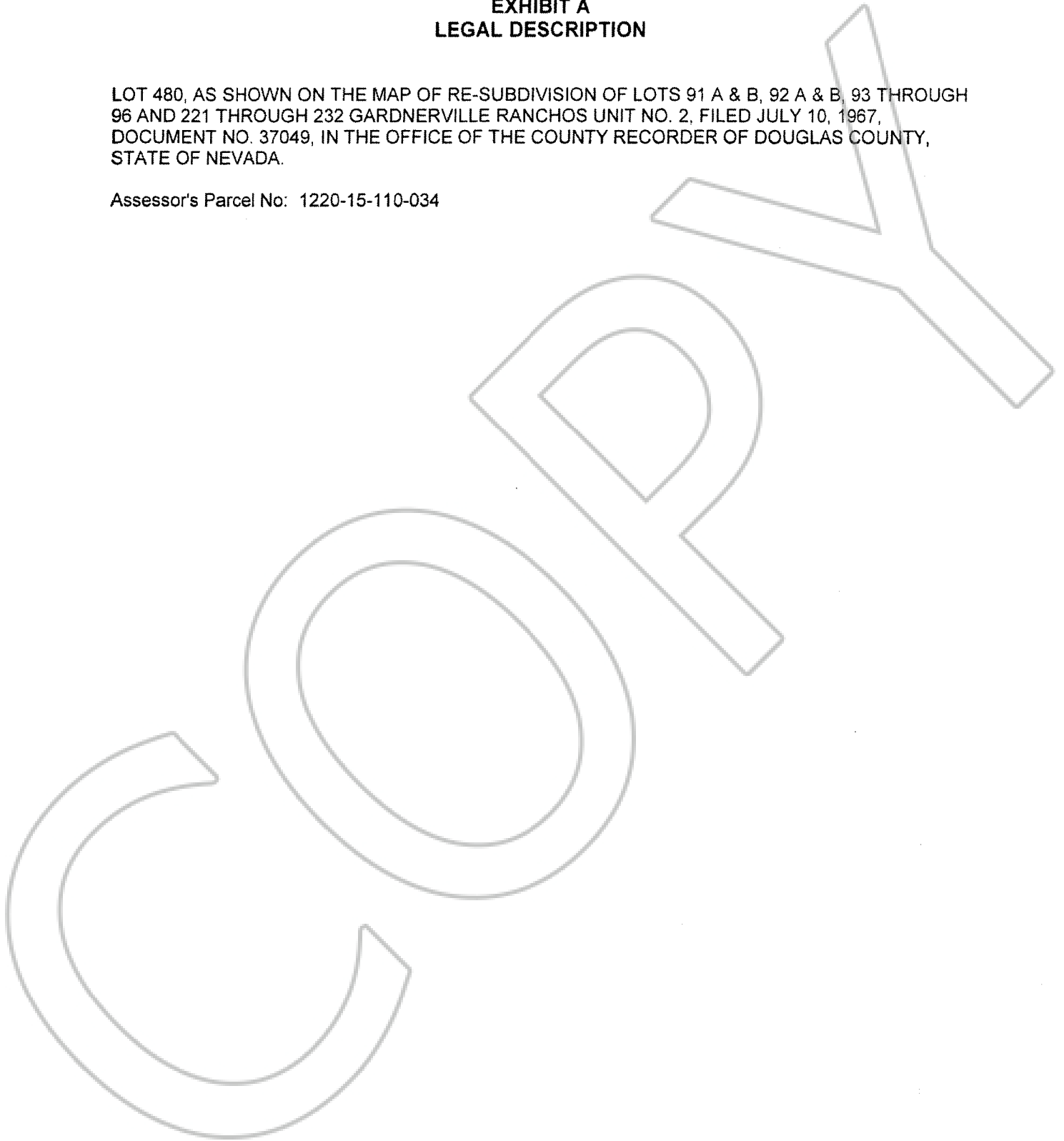
[Signature]  
Notary Public for Nevada



**EXHIBIT A  
LEGAL DESCRIPTION**

LOT 480, AS SHOWN ON THE MAP OF RE-SUBDIVISION OF LOTS 91 A & B, 92 A & B, 93 THROUGH 96 AND 221 THROUGH 232 GARDNERVILLE RANCHOS UNIT NO. 2, FILED JULY 10, 1967, DOCUMENT NO. 37049, IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA.

Assessor's Parcel No: 1220-15-110-034



STATE OF NEVADA  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
 DIVISION OF HEALTH  
 VITAL STATISTICS  
**CERTIFICATE OF DEATH**

**2011003953**

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Birger E LUNDBERG</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 03, 2011</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Evergreen Gardnerville Health &amp; Rehab Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
DECEDENT	5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>85</b>	
	7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>December 08, 1925</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) <b>Sweden</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>18</b>	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Lena LILJA</b>			
PARENTS	13. SOCIAL SECURITY NUMBER <b>1741</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Architect</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Architecture</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	15d. STREET AND NUMBER <b>1437 Evening Star</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Axel LUNDBERG</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Tekla PETERSSON</b>		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) <b>Lena LUNDBERG</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1437 Evening Star Gardnerville, Nevada 89460</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</b>	
	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>SIGNATURE AUTHENTICATED LAURENCE GEORGE GAY M.D.</b>					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) <b>March 10, 2011</b>		21c. HOUR OF DEATH <b>03:20</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)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
CAUSE 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) <b>Laurence George Gay M.D. PO Box 19936 Reno, NV 895110871</b>				23b. LICENSE NUMBER <b>5152</b>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 18, 2011</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>Cardiac Arrest</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Dehydration</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Anorexia</b> DUE TO, OR AS A CONSEQUENCE OF: (d) <b>End Stage Alzheimers</b>				Interval between onset and death <b>Seconds</b> Interval between onset and death <b>Days</b> Interval between onset and death <b>Weeks</b> Interval between onset and death <b>Months</b>	
STATE REGISTRAR	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Coronary Artery Disease, Hypertension</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</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		

358319

STATE REGISTRAR

VRS-Rev-20110104

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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: 03/21/2011

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

*R. D. White*  
 STATE REGISTRAR  
 SIGNATURE AUTHENTICATED

