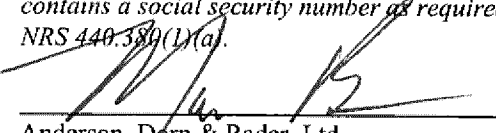


This document includes a certified death certificate as required by NRS 40.525 (5) which contains a social security number as required by NRS 440.380(1)(a).


Anderson, Dorn & Rader, Ltd.

APN: 1320-29-215-012

RECORDING REQUESTED BY:

Bryce L. Rader, Esq.
Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

WHEN RECORDED MAIL TO:

Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway #860
Reno, Nevada 89521

MAIL TAX STATEMENTS TO:

Bonnie F. Bayer
6451 Pinon Street
Oak Park, CA 91377

AFFIDAVIT OF DEATH OF JOINT TENANT

I, BONNIE F. BAYER, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) That I am the spouse and sole surviving joint tenant of ALAN T. BARNDOLLAR.
- (2) That by Deed dated September 13, 2018, a joint tenancy was created between ALAN T. BARNDOLLAR and BONNIE F. BAYER, husband and wife as joint tenants, recorded as Document No. 2018-919590 on September 14, 2018, in the Official Records of Douglas County, Nevada.
- (3) That the property subject to joint tenancy is described in Exhibit "A" attached.

(4) That ALAN T. BARNDOLLAR deceased on April 26, 2022, in Douglas County, Nevada. A certified copy of the death certificate is attached hereto.

Executed on this 14th day of ~~August~~ ^{September}, 2022, at Ventura County California.

Bonnie F. Bayer
BONNIE F. BAYER

STATE OF CALIFORNIA)

ss:

COUNTY OF)

SUBSCRIBED AND SWORN TO before me by BONNIE F. BAYER this _____ day of August, 2022.

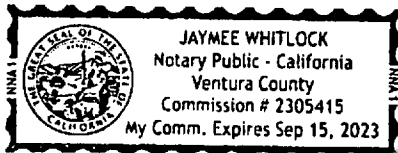
(see Attached Affidavit)
Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Ventura

Subscribed and sworn to (or affirmed) before me on this 14th
day of September, 2022, by _____

Bonnie Faye Bayer
proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.



(Seal)

Signature Jaymee Whitlock

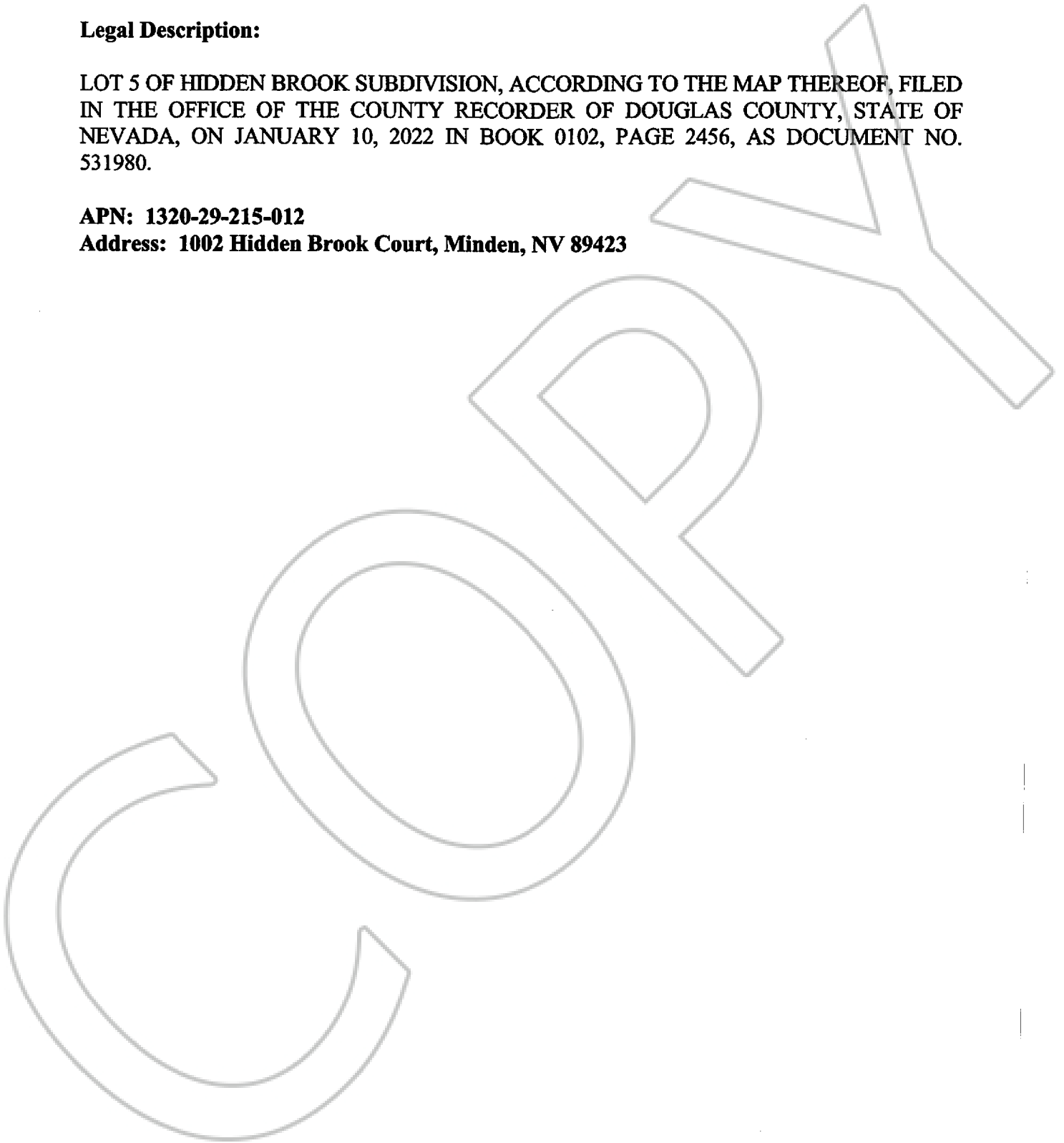
Exhibit "A"

Legal Description:

LOT 5 OF HIDDEN BROOK SUBDIVISION, ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JANUARY 10, 2022 IN BOOK 0102, PAGE 2456, AS DOCUMENT NO. 531980.

APN: 1320-29-215-012

Address: 1002 Hidden Brook Court, Minden, NV 89423



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4280470

CERTIFICATE OF DEATH

2022011279
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

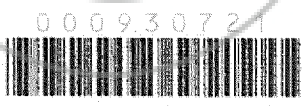
CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH HAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Alan Thomas BARNDOLLAR		2. DATE OF DEATH (Mo/Day/Year) April 26, 2022		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) 1002 Hidden Brook Court		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) 77	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) January 04, 1945	
9a. STATE OF BIRTH (If not US/CA, name country) Pennsylvania		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 15	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Bonnie BAYER			
13. SOCIAL SECURITY NUMBER [REDACTED]-2483		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
FIREFIGHTER		FIRE DEPARTMENT		Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1002 Hidden Brook Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Marion Thomas BARNDOLLAR			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Blanche Marie URBAN		
18a. INFORMANT- NAME (Type or Print) Bonnie BAYER-BARNDOLLAR		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1002 Hidden Brook Court Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER		20b. FUNERAL DIRECTOR OF LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Creations 1600 Buckeye Rd Minden NV 89423	
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) ROSE E PAIVA MD			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) April 28, 2022		21c. HOUR OF DEATH 15:01		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) Rose E Paiva MD 1649 Lucerne St Minden, NV 89423				23b. LICENSE NUMBER 9005	
24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 06, 2022		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) Cardiac Arrhythmia				Minutes	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Coronary Atherosclerosis				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Hyperlipidemia				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Cardiovascular Disease, Prediabetes				Years	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Alcohol Abuse, Prostate Cancer				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)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED					
28a. 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: **5/9/2022**

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

Scott Spangler
STATE REGISTRAR

