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KAREN ELLISON, RECORDER

Natalia K. Vander Laan, Esq.

**APN: 1220-21-610-030**

**Recording requested by:** )  
Mark and Lisa Hamilton )  
744 Robin Drive )  
Gardnerville, NV 89460 )

**When recorded mail to:** )  
Mark and Lisa Hamilton )  
744 Robin Drive )  
Gardnerville, NV 89460 )

**Mail tax statement to:** )  
Mark and Lisa Hamilton )  
744 Robin Drive )  
Gardnerville, NV 89460 )

## AFFIDAVIT – DEATH OF CO-TENANT

We, MARK LYLE HAMILTON and LISA HAMILTON, of legal age, being first duly sworn, declare under penalty of perjury that:

WALTER EARNEST HOLT, JR., the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as WALTER E. HOLT named as one of the parties (grantees) in that certain deed dated April 13, 2009, and executed by John Baker III (grantor), to Lisa Hamilton and Mark L. Hamilton, wife and husband and Walter E. Holt, an unmarried man as joint tenants (grantees), recorded on May 7, 2009, as Document No. 742705 of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

Lot 334, as shown on the official map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record on May 29, 1973 in the office of the County Recorder of Douglas County, Nevada as Document No. 66512 and on Record of Survey recorded October 1, 19821 in Book 1082, of Official Records at Page 6, as Document No. 71399.

Subject to:

1. All general and special taxes for the current fiscal year.
2. Covenants, conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

WALTER EARNEST HOLT, JR., the deceased party, died on September 27, 2022, as shown in the attached certified copy of Certificate of Death.

The Affiants are the surviving joint tenants, now holding title as Lisa Hamilton and Mark L. Hamilton, wife and husband, as joint tenants.

Executed on this November 30, 2022, in Douglas County, State of Nevada.

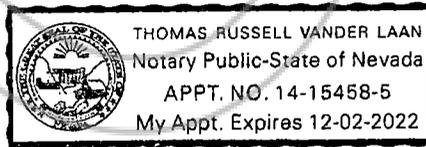
  
MARK LYLE HAMILTON

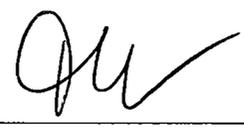
  
LISA HAMILTON

STATE OF NEVADA            )  
  ): ss  
COUNTY OF Douglas        )

Signed and sworn to (or affirmed) before me on this November 30, 2022, by MARK LYLE HAMILTON and LISA HAMILTON.

*Ann  
qmw*





NOTARY PUBLIC

This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

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

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

CASE FILE NO. 4308447

**CERTIFICATE OF DEATH**

2022023036  
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>Walter Earnest HOLT Jr</b>		2. DATE OF DEATH (Mo/Day/Year) <b>September 27, 2022</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>745 Robin Drive</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Other Residence</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>91</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>	
7d. UNDER 1 DAY <b>MIN</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>May 14, 1931</b>		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>Widowed</b>	
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		13. SOCIAL SECURITY NUMBER <b>████████-6105</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>County Marshal</b>	
14b. KIND OF BUSINESS OR INDUSTRY <b>LAW ENFORCEMENT</b>		15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>	
15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>		15d. STREET AND NUMBER <b>1190 Manhattan Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Walter Earnest HOLT</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Margaret Odette RICHARDS</b>		
18a. INFORMANT- NAME (Type or Print) <b>Lisa HAMILTON</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>744 Robin Drive Gardnerville, Nevada 89460</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>MERCEDES Q QUARTUCCI</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD983</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno</b> <b>5890 S Virginia St. Suite 4-E Reno NV 89502</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>SIGNATURE AUTHENTICATED</b> <b>REED DOFF MD</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>September 28, 2022</b>		21c. HOUR OF DEATH <b>08:45</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)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Reed Doff MD 907 Mountain Street Carson City, NV 89703</b>			
23b. LICENSE NUMBER <b>13920</b>		24a. REGISTRAR (Signature) <b>SCOTT SHELDON SPANGLER</b> <b>SIGNATURE AUTHENTICATED</b>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 29, 2022</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				Interval between onset and death	
PART I					
(a) <b>Respiratory Arrest</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Acute On Chronic Respiratory Failure</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Obstructive Lung Disease</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) <b>Etiology Is Not Specified</b>					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Coronary Heart Disease</b>				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	



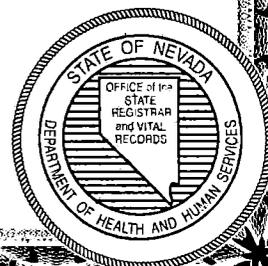
CERTIFIED COPY OF VITAL RECORDS

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.

*Scott Spangler*  
STATE REGISTRAR

DATE ISSUED: **11/7/2022**

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE