

This document does contain a social security number pursuant to NRS 440.380(1)(a) & NRS 40.525(5)



KAREN ELLISON, RECORDER

Natalia K. Vander Laan, Esq.

APN: 1220-17-614-006

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

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

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

AFFIDAVIT – DEATH OF CO-TENANT

I, 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 September 11, 2015, and executed by Mark L. Hamilton and Lisa Hamilton, husband and wife Walter E. Holt, an unmarried man as joint tenants with right of survivorship (grantors), to Mark L. Hamilton and Lisa Hamilton, husband and wife, and Walter E. Holt, an unmarried man and Steven Holt and Hope Holt, husband and wife, all as Joint tenants with rights of survivorship (grantees), recorded on September 11, 2015, as Document No. 2015-869473 of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

LOT 24, IN BLOCK G, AS SAID LOT AND BLOCK ARE SHOWN ON THAT CERTAIN MAP ENTITLED "AMENDED MAP OF RANCHOS ESTATES", FILED FOR RECORD ON OCTOBER 30, 1972, IN BOOK 1072, PAGE 642, AS DOCUMENT NO. 62493.

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

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

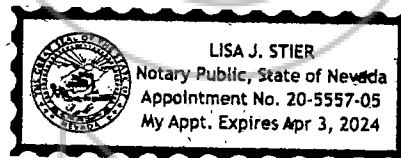
The Affiant is one of the surviving joint tenants, and they are now holding title as Mark L. Hamilton and Lisa Hamilton, husband and wife, and Steven Holt and Hope Holt, husband and wife, all as Joint tenants with rights of survivorship.

Executed on this 13 day of December, 2022, in Douglas County, State of Nevada.

LISA HAMILTON

STATE OF NEVADA)
): ss
 COUNTY OF Douglas)

Signed and sworn to (or affirmed) before me on this 13 day of December, 2022, by LISA HAMILTON.



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) Walter Earnest HOLT Jr		2. DATE OF DEATH (Mo/Day/Year) September 27, 2022		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) 745 Robin Drive		3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Other Residence	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 91		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
7d. UNDER 1 DAY MIN'S		8. DATE OF BIRTH (Mo/Day/Yr) May 14, 1931			
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER ██████████-6105		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) County Marshal		14b. KIND OF BUSINESS OR INDUSTRY LAW ENFORCEMENT	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1190 Manhattan Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Walter Earnest HOLT			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Margaret Odette RICHARDS		
18a. INFORMANT- NAME (Type or Print) Lisa HAMILTON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 744 Robin Drive Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) MERCEDES Q QUARTUCCI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD983		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502	
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) SIGNATURE AUTHENTICATED REED DOPF 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) September 28, 2022		21c. HOUR OF DEATH 08:45		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)	
22d. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Reed Dopf MD 907 Mountain Street Carson City, NV 89703			
23b. LICENSE NUMBER 13920		24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 29, 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					
(a) Respiratory Arrest					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Acute On Chronic Respiratory Failure					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Obstructive Lung Disease					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Etiology Is Not Specified					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Coronary Heart Disease				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		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	



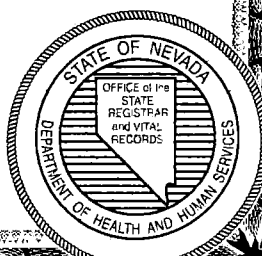
CERTIFIED COPY OF VITAL RECORDS

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