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KAREN ELLISON, RECORDER

Natalia K. Vander Laan, Esq.

APN: 1220-21-510-053

Recording requested by:)
STEVEN EUGENE HOLT, Trustee)
6550 N. Vernal Ave)
Fresno, CA 93722)

When recorded mail to:)
STEVEN EUGENE HOLT, Trustee)
6550 N. Vernal Ave)
Fresno, CA 93722)

Mail tax statement to:)
STEVEN EUGENE HOLT, Trustee)
6550 N. Vernal Ave)
Fresno, CA 93722)

AFFIDAVIT – DEATH OF TRUSTEE

I, STEVEN EUGENE HOLT, 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 March 25, 2019, and executed by Hassan Chahidi (grantor) to Walter E. Holt, Trustee of The Holt Family Living Trust Under Declaration of Trust dated December 24, 1997, as Amended (grantee), recorded on April 10, 2019, as Document No. 2019-927692 of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

Lot 99 of GARDNERVILLE RANCHOS UNIT NO. 6, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on May 29, 1973, in Book 573, Page 1026, as File No. 66512.

Subject to:

- 1. All general and special taxes for the current fiscal year.

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 address 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 DAYS		7c. UNDER 1 DAY HOURS MINS	
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		Ever in US Armed Forces? 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) REED DOPF MD SIGNATURE AUTHENTICATED			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)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. 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			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) 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

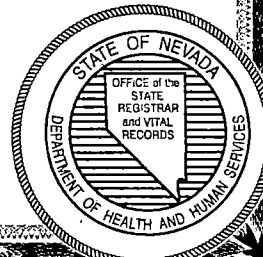
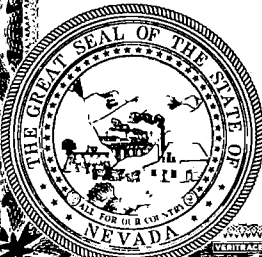
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

10/5/2022

DATE ISSUED:

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