

This document does contain a social security number pursuant to NRS 440.380(1)(a) & NRS 40.525(5) Natalia K. Vander Laan, Esq.



KAREN ELLISON, RECORDER

APN: 1220-16-311-020

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 January 7, 2020, and executed by Lisa A. Richardson (grantor) to Walter E. Holt, trustee of The Holt Family Living Trust under declaration of Trust dated 12/24/1997 as amended (grantee), recorded on January 9, 2020, as Document No. 2020-940684 of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

LOT 22, IN BLOCK A AS SHOWN ON THE OFFICIAL PLAT OF DOWNTOWN GRIZ SUBDIVISION, FILED FOR RECORD IN THE OFFICE OF DOUGLAS COUNTY RECORDER, STATE OF NEVADA, ON OCTOBER 7, 1991, AS DOCUMENT NO. 262042 OF OFFICIAL RECORDS.

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.



**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>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		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>REED DOPF MD</b> <b>SIGNATURE AUTHENTICATED</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)	
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) <b>Reed Dopf 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).)					
PART I				Interval between onset and death	
(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

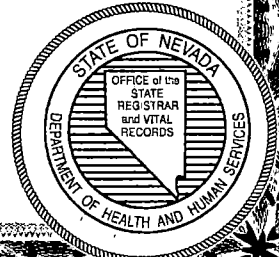
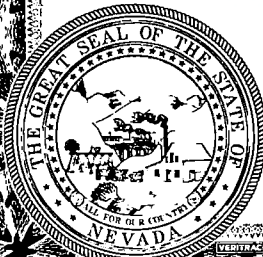
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

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