

APN# 1220-24-601-040



SHAWNYNE GARREN, RECORDER

Recording Requested by/Mail to:

Name: Rosemarie Dains

Address: 1966 Mule Lane

City/State/Zip: Gardnerville, NV 89410

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

AFFIDAVIT of Death

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Rosemarie Dains

Signature

ROSEMARIE DAINS

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

Affidavit of Death

STATE OF Nevada
COUNTY OF DOUGLAS COUNTY

I, Rosemarie Dains residing at 1966 Mule Lane, Gardnerville,
Nevada, being of legal age, depose and say that:

That Edmund, FRANK
DAINS

died on July 30, 2018 as
evidence by a certified copy of that Certificate of Death, attached hereto;

That I am the successor to the estate of the descendant and to the descendants interest in funds held by various institutions and no other person has a superior right to the interest of the decedents in the described property; *see exhibit "A"*

That no proceeding is being or has been conducted in Douglas City, Nevada for administration of the descendant's estate.

Oath of Affirmation:

I certify under penalty of perjury under Nevada law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

Signed and sworn to before me on
September 12, 2023 by

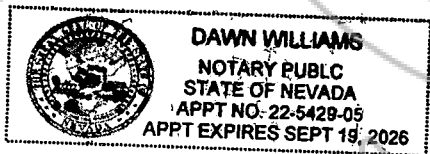
Rosemarie Dains

Rosemarie Dains

STATE OF Nevada, COUNTY OF Douglas, ss:

[Signature]

Notary Public



Dawn Williams Notary Public
Title (and Rank)

My commission expires 9/19/26

Exhibit "A"

DOC # 820855
03/29/2013 09:41AM Deputy: AR
OFFICIAL RECORD
Requested By:
First Centennial - Reno
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 2 Fee: \$15.00
BK-313 PG-7795 RPTT: EX#007

APN: 1220-24-601-040

Escrow No. 00196804 - 15
RPTT: \$0 Exemption No. 7

When Recorded Return to:
Edmund F. Dains
Rosemarie P. Dains
1966 Mule Lane
Gardnerville, NV 89410

Mail Tax Statements to:
Grantee at above address



SPACE ABOVE FOR RECORDERS USE

Grant, Bargain, Sale Deed

For valuable consideration, the receipt of which is hereby acknowledged,

Edmund F. Dains and Rosemarie P. Dains, husband and wife as joint tenants

do(es) hereby Grant, Bargain, Sell and Convey to

Edmund Frank Dains and Rosemarie P. Dains Co-Trustees or their Successors in Trust, under the Dains Living Trust dated August 18, 1992 and any amendments thereto

all that real property situated in the County of Douglas, State of Nevada, described as follows:

Parcel 7-C as shown on the Parcel Map for E.W. and Lorraine A. Higgins, filed October 25, 1989 in Book 1089, Page 2903 as File No. 213539, Official Records of Douglas County

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

SPACE BELOW FOR RECORDER

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4032721

CERTIFICATE OF DEATH

2018014797
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) Edmund Frank DAINS		2. DATE OF DEATH (Mo/Day/Year) July 30, 2018		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and 1966 Mule Ln.		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) 74	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER ██████████-2369		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Manager		14b. KIND OF BUSINESS OR INDUSTRY Grocery Store	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1966 Mule Ln.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		8. DATE OF BIRTH (Mo/Day/Yr) July 27, 1944	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Edmund Charles DAINS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Barbara Irene DENNY		
18a. INFORMANT- NAME (Type or Print) Rosemarie Patricia DAINS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1966 Mule Ln. Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. GEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
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) NITA SCHWARTZ 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) August 01, 2018		21c. HOUR OF DEATH 19:05		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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		23b. LICENSE NUMBER 9114			
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 02, 2018		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) Prostate Cancer With Metastasis				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a. ACC. SUICIDE, HGM., 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	

STATE REGISTRAR

AKA: Eddie DAINS

000731743



CERTIFIED COPY OF VITAL RECORDS

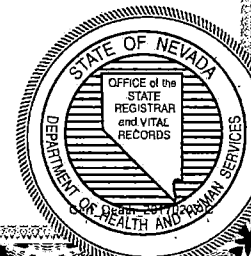
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

8/7/2018

Julie Katchear
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE