DOUGLAS COUNTY, NV

2023-1001740

Rec:\$40.00 Total:\$40.00

10/25/2023 10:48 AM

DOUGLAS STOHLHAND

Pgs=7

APN# 1318-23-510-023	
Recording Requested by/Mail to:	00174178202310017400070071 SHAWNYNE GARREN, RECORDER
Name: Daylas Stolhand	
Address: 2224 Covington CL, NE	\ \
Name: Italias Stolkana Address: 2274 Covington CL, NE City/State/Zip: Olympia, WA 98514	
Mail Tax Statements to:	
Name: Dorslas Stolhand	
Address: 2224 Coung fon Ct, WE City/State/Zip: Onupin W. & 98616	
City/State/Zip: Olympin WH. 98516	
Affidavit of Death	
Title of Document (requir	ed)
Please complete the Affirmation State	ment below:
The undersigned hereby affirms that the document	
DOES contain personal information as required by	¬
Affidavit of Death - NRS 440.380 (1)(A) & NRS 40.525 (5) Other NRS (state specific law)	Military Discharge – NRS 419.020 (2)
-OR-	
I the undersigned hereby affirm the attached document, income for recording does NOT contain the personal information of	cluding any exhibits, hereby submitted fany person(s). (Per NRS 239B.030)
1 Walt	
Signature as W Stolhand	
Printed Name	
This document is being (re-)recorded to correct document #	, and is correcting

RECORDING REQUESTED AND RETURN TO: Douglas Woodard Stolhand 2224 Covington Ct. NE Olympia, WA 98516

MAIL TAX STATEMENTS TO: Douglas Woodard Stolhand 2224 Covington Ct. NE Olympia, WA 98516

#### AFFIDAVIT OF DEATH

A.P.N.: 07-274-05, Douglas	s Cou	nty, Nevada
STATE OF NEVADA	)	
COUNTY OF DOUGLAS	)	

The undersigned, Doris Gail Stolhand Johnson, Kimberly Ruth Stolhand Urschel and Douglas Woodard Stolhand, Co-Trustees, being first duly sworn, depose and say that, Woodard L. Stolhand and Doris H. Stolhand, Co-Trustees of the W.L. AND D.H STOLHAND FAMILY TRUST dated September 19, 1981, is the same Woodard L. Stolhand and Doris H. Stolhand as indicated in the attached certified copy of Certificate of Death and the same Woodard Leroy Stolhand and Doris Stolhand aka Doris Hall Stolhand named as the parties in that certain Quitclaim Deed dated July 20, 2013, executed by W. L. Stolhand aka Woodard Le Roy Stolhand and Doris Stolhand aka Doris Hall Stolhand to Woodard Le Roy Stolhand and Doris Hall Stolhand, Trustees of the W.L. AND D.H STOLHAND FAMILY TRUST dated September 19, 1981, recorded as Document No. 332093, on 311994, of Official Records of the County of Douglas, State of Nevada, covering the following described real property:

Lot 13, in Block C, of TERRACE VIEW HEIGHTS SUBDIVISION, as shown on the map thereof filed in the office of the County Recorder of Douglas County, Nevada, on August 10, 1964, as Document No. 25806.

Doris Gail Stolhand Johnson, Kimberly Ruth Stolhand Urschel and Douglas Woodard Stolhand, further declare that, as a result of the death of Woodard L. Stolhand, they are the Co-Trustees of the above-mentioned Trust.

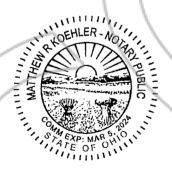
The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this declaration is executed on the date and place indicated below.

Executed on 10/03/2023, in the City of Sonora, County of Turlunge, State of California.  Doris Gail Stolhand Johnson
JURAT
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.
STATE OF CALIFORNIA
COUNTY OF Tue lamae
Subscribed and sworn to (or affirmed) before me on this 3 <sup>rd</sup> day of 0ctober, by Doris Gail Stolhand Johnson, proved to me on the basis of satisfactory evidence to be the person who appeared before me.
Notary Public for said State  WITNESS my hand and official seal  Notary Public for said State  Notary Public for said State

The undersigned declares under penalty of and that this declaration is executed on the date as	f perjury that the foregoing is true and correct, ad place indicated below.
Executed on OCTOBER 2, 2023, in the City of Ohio.	of BEAVERLATY County of LALENY, State
	Luly Ruth Stalhand Uscher Derly Ruth Stolhand Urschel
JUR	AT \
STATE OF OHIO	
COUNTY OF GREENE	
Sworn to or affirmed and subscribed before me by OLTOBIA 2, 2023.	Kimberly Ruth Stolhand Urschel this date of

Signature of Notary Public - State of Ohio

My commission expires: Man. S, 2024(date)



The undersigned declares under penalty of perjury that the foregoing is true and correct, and that this declaration is executed on the date and place indicated below.

Executed on Oct 4th, 2023, in the City of Lacey, County of Thurston, State of Washington. glas Woodard Stolhand **JURAT** STATE OF WASHINGTON COUNTY OF Thurston Signed and sworn to (or affirmed) before me on (date) by Douglas Woodard Stolhand My commission expires: 04 - 29 - 27 (date)



CERTIFICATION OF VITAL RECORD

# **COUNTY OF LOS ANGELES**

### **DEPARTMENT OF PUBLIC HEALTH**

3052023002251 CERTI			FICATE OF DEATH		3202319000	3202319000350			
_	STATE FILE NUMBER	STATE OF CALIFORNIA I NO ERASURES WHITEHUTS OR ALTERAT VS 11, (REV 3.06).		LOCAL REGISTRATION	NUMBER				
DECEDENT'S PERSONAL DATA	1 NAME OF DECEDENT—FIRST (GAM) WOODARD	LEROY		STOLHAND		1 1			
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	OK .	7652 X	WIDO	OWED	01/04/2023	1400			
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ă	COMPTROLLER  20 DECEDENT'S RESIDENCE (Sires) and number of	CH	IEVRON	ey yoter sips and an area	ac emporman system in	52			
USUAL	4217 PASEO DE LAS TOR		81. ZIP CODE	24 VEARS IN COUNT	Y 25 STATE/FOREIGN C	OUNTRY			
	TORRANCE 26 INFORMANT'S NAME RELATIONSHIP	LOS ANGELES	90505	83	CA				
INFOR-	DOUG STOLHAND, SON 28 NAME OF SURVIVING SPOUSE SROPT-FIRST	29 MIDDLE	27 INFORMANT SMALING ADD 2224 COVINGTO	IN COURT NE, O	LYMPIA, WA 9	8516			
AND	-	- /		1					
SPOUSE/SRDP AND ARENT INFORMATION	31 NAME OF FATHER PARENT-FIRST AUSTIN	CORNELIUS	7%	OLHAND		MO			
SPOUS	BLANCHE	SS. MIDDLE ANN	Ho	OKER		38 BIRTH STATE			
L DIRECTOR/ REGISTRAR	39 DISPOSITION DATE mm 3d ct.yy 40 PLACE 01/11/2023 27501	OF FINAL DISPOSITION GREEN HII 1 S WESTERN AVE., RAI	LLS MEMORIAL PA NCHO PALOS VEF DRE OF EMBALMER	ARK RDES., CA 90275		43. LICENSE NUMBER			
AL DIR	BURIAL	DIAN	NA N SPINN	$\vee$	<b></b>	EMB9596			
FUNERAL LOCAL P	44 NAME OF FUNERAL ESTABLISHMENT HALVERSON-STONE & M'MORTUARY	YERS 45 LICENSE FD960	NUMBER 48 SIGNATURE OF LO MUNTU E	DAVIS MD	<b>5</b>	47 DATE mm/dd/cc/v 01/11/2023			
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병투	104, COUNTY 139 FACILITY ADDRESS OR LOCATION, WHERE FOUND (STIENE) and Puribles of location) 108 CITY 108 ANGELES 4217 PASEO DE LAS TORTUGAS 108 TORRANCE								
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CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

\* 0 0 3 7 2 6 1 5 3 \*

Health Officer an IROgistor

JAN 13 2023

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

DATE ISSUED

# **COUNTY OF LOS ANGELES**

### **DEPARTMENT OF PUBLIC HEALTH**

3052016200258			CERTIFICATE OF DEATH  STATE OF CALLFORMA  USE BLACK RK CHAY / NO ENSURED, WHEEDUTS OR ALTERATIONS  VS-1 (ARX) VIOL9					3201619045037			
	STATE FILE NUMBI 1. NAME OF DECEDENT- FIRST (GIV	2. MIDDLE	VS-114(REV 3/	OE)	3. LAS	T (Family)		LOCAL REGISTRAT	ION NUMBER	+	
DECEDENT'S PERSONAL DATA	DORIS  AKA, ALSO KNOWN AS - Include full A	RIS SO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		<del></del>	4 DATE OF B	STO	DLHAND by 5. AGE Yrs.	I IFU	INDER ONE YEAR	IF UNDER 24 H	OURS 6. SEX
	, and the state of				06/13/1	923	93				
	9, BIRTH STATE/FOREIGN COUNTRY OHIO	10. SOCIAL SECURITY N -2290	☐ YES		]uw M	ARRIED	)	_ 1	DATE OF DEATH mr 0/11/2016		8. HOUR (24 Hours) 0955
EDENT	13. EDUCATION – Highest Level/Degree 14 (see worksheet on back)  HS GRADUATE	V15. WAS DECEDENT HISPANICAL	ATINO(AVSPANISH? (ITyes,	see worksheet on b	NO CA	UCASIA	ACE - Up to 3 mi N	ces may b	e Ested (see worksho	et on back)	\
DEC	17. USUAL OCCUPATION - Type of wo TEACHER -	rk for most of life. DO NOT USE I	- 1	KIND OF BUSINE DUCATIO		STRY (e.g., groce	ery store, road cor	estruction,	employment agency,	etc.) 19, Y	20
AL ENCE	20. DECEDENT'S RESIDENCE (Street a 4217 PASEO DE LA	S TORTUGAS								-	
USUAL. RESIDENCE	21. CITY TORRANCE	LOS	ANGELES		23. ZIP COD 90505		60	The same of the sa	25. STATE/FOREIG		
INFOR-	26. INFORMANT'S NAME, RELATIONS WOODARD STOLHA			27, INFORM 4217 F	ASEO I	DE LAS	TORTUC	SAS,	TORRANC	n, state and zig E, CA 9	0505
AND	28, NAME OF SURVIVING SPOUSE/SE WOODARD	ROP'-FIRST	29. MIDDLE		100	30, LAST (BIRT) STOLH/		<b>N</b> _			
E/SRDP NFORM	31. NAME OF FATHER/PARENT-FIRST	i	32, MIDDLE ALBERT	/	100	33. LAST HALL		٦		- 1	A. BIRTH STATE
SPOUSE/SRDP AND PARENT INFORMATION	35, NAME OF MOTHER/PARENT-FIRS	T .	36, MIDDLE ISABEL		796	DILLING		7		- 1	B. BIRTH STATE
	39. DISPOSITION DATE mm/dd/ccyy 10/14/2016	40. PLACE OF FINAL DISPOS 27501 S. WEST	TION GREEN HI		IORIAL	PARK		9027	75		
L DIRECT	41. TYPE OF DISPOSITION(S)	270010.11201	42. SIGNAT	URE OF EMBAL	VER	- T	. /	004.	<u> </u>		NSE NUMBER
FUNERAL DIRECTOR/ LOCAL REGISTRAR	BU  44. NAME OF FUNERAL ESTABLISHM HALVERSON-STON MORTUARY	E & MYERS	,	E NUMBER 48	CICNATIDE	OF LOCAL REG	ISTRAR	ISED	, MD	47. DATE	38715 mm/dd/ccyy 4/2016
	101, PLACE OF DEATH		1 1 1 1 1 1 1 1	The state of the s	102. IF HO	SPITAL, SPECIF	Y ONE 10	B. IF OTH	ER THAN HOSPITAL	, SPECIFY ON	E .
PLACE OF DEATH	HOSPICE 104, COUNTY	105. FACILITY ADDRESS O			umber, or loca	LET/OP		<b>X</b> Hospi	106, CITY		Other
<u> </u>	LOS ANGELES 107. CAUSE OF DEATH	4217 PASEO D	ases, 'njuries, or complication	ns that directly o	caused death. D	O NOT enter ter	minal events such	L.	TORRA		EPORIED TO CORDNEY?
	IMMEDIATE CAUSE (A) MULTI (Final disease or condition resulting	as cardiac arrest, respiratory arre	st, or ventricular fibriliation w	thout showing the	etiology. DO N	ot abbreviate		1	(AT) YRS		S X NO.
_	in death) (E)				1				(BII)	109. BIOPS	SY PERFORMED?
FDEATH	conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or				_/				(CT)	110. AUTO	PSY PERFORMED?
AUSE OF DEATH	injury that initiated the events (7) resulting in death) LAST	\							(DT)	111, USED IN	DETERMINING CAUSE?
	ATRIAL FIBRILLATION	S CONTRIBUTING TO DEATH BU	T NOT RESULTING IN THE	UNDERLYING C	AUSE GIVEN II	N 107					
and the same of	113. WAS OPERATION PERFORMED FO	OR ANY CONDITION IN ITEM 107	OR 1127 (if yes, list type of	operation and d	ate.)	-			113	YES >	TEGNANT IN LAST YEAR?
N.S TION	114. I CERTIFY THAT TO THE BEST OF MY KN AT THE HOUR DATE, AND PLACE STATED FR	OM THE CAUSES STATED.	SIGNATURE AND TITLE BONNY S CH	INCEM TO		7	VE	9	116. LICENSE NUI	10/	ATE mm/dd/ccyy
PHYSICI/N'S CERTIFICATION	(A) mm/dd/ccyy (B)	mm/dd/ccyy 118	TYPE ATTENDING PHYS	ICIAN'S NAME, N	AAILING ADDI	RBOR C	BONNY	S CH	HUNG M.D		13/2010
Ť	119. I CERTIFY THAT IN MY CHINCN DEATH MANNER OF DEATH Natural	COOLERED AT THE HOLD DATE AN	DE ACESTATED ENCAPE	CALESS STATED		120. INJURE	D AT WORK?			mm/dd/ccyy	122. HOUR (24 Hours)
NEY	123. PLACE OF INJURY (e.g., home, co							_			
S USE (	124. DESCRIBE HOW INJURY OCCUR	RED (Events which resulted in in)	ury)						-		
CORONER'S USE ONLY	125. LOCATION OF INJURY (Street and	number, or location, and city, an	d zip)								
Š	126. SIGNATURE OF CORONER / DEPI	UTY CORONER	<u> </u>	27. DATE mm/di	d/ccyy 1	I28. TYPE NAM	E, TITLE OF CO	RONER / I	DEPUTY CORONER		
	<b>&gt;</b>	_/_/									Lamusia mi
STA		°	E		*0100010	03369001*			FAX AUTH.#		CENSUS TRACT

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.



OCT 20 - 20lb