

APN# 1318-23-510-023



SHAWNYNE GARREN, RECORDER

Recording Requested by/Mail to:

Name: Douglas Stolhand  
Address: 2224 Covington Ct NE  
City/State/Zip: Olympia, WA 98516

Mail Tax Statements to:

Name: Douglas Stolhand  
Address: 2224 Covington Ct, NE  
City/State/Zip: Olympia WA 98516

Affidavit of Death

Title of Document (required)

Please complete the Affirmation Statement below:

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)  Military Discharge – NRS 419.020 (2)  
 Other NRS \_\_\_\_\_ (state specific law)

-OR-

I the undersigned hereby affirm the attached document, including any exhibits, hereby submitted for recording does NOT contain the personal information of any person(s). (Per NRS 239B.030)

Douglas W Stolhand  
Signature  
Douglas 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 County, 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 3/11/94, 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 Sonoma, County of Tuolumne, State of California.

Doris Gail Stolhand Johnson  
Doris Gail Stolhand Johnson

JURAT

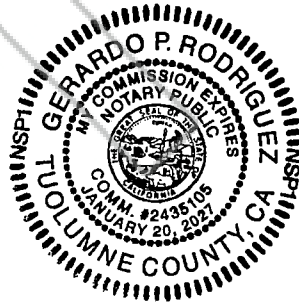
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA )  
 )  
COUNTY OF Tuolumne )

Subscribed and sworn to (or affirmed) before me on this 3rd day of October, 2023, by Doris Gail Stolhand Johnson, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

WITNESS my hand and official seal

Gerardo P. Rodriguez  
Notary Public for said State



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 OCTOBER 2, 2023, in the City of BEAVERCREEK County of GREENE, State of Ohio.

*Kimberly Ruth Stolhand Urschel*  
Kimberly Ruth Stolhand Urschel

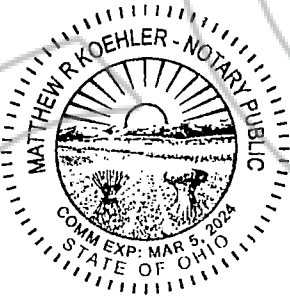
JURAT

STATE OF OHIO )  
 )  
COUNTY OF GREENE )

Sworn to or affirmed and subscribed before me by Kimberly Ruth Stolhand Urschel this date of OCTOBER 2, 2023.

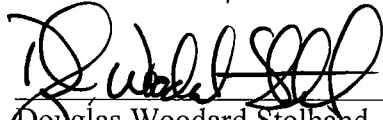
*Matthew R. Koehler*  
Signature of Notary Public -- State of Ohio

My commission expires: MAR. 5, 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 4<sup>th</sup>, 2023, in the City of Lacey, County of Thurston, State of Washington.

  
\_\_\_\_\_  
Douglas Woodard Stolhand

JURAT

STATE OF WASHINGTON            )  
  )  
COUNTY OF Thurston        )

Signed and sworn to (or affirmed) before me on (date) by Douglas Woodard Stolhand

  
\_\_\_\_\_  
Notary Public

My commission expires: 04-29-27(date)



**STATE OF CALIFORNIA**  
CERTIFICATION OF VITAL RECORD

**COUNTY OF LOS ANGELES**  
DEPARTMENT OF PUBLIC HEALTH

3052023002251

**CERTIFICATE OF DEATH**

3202319000350

STATE FILE NUMBER 3052023002251		STATE OF CALIFORNIA USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS VS 11, REV 3/06		LOCAL REGISTRATION NUMBER 3202319000350	
1 NAME OF DECEDENT—FIRST (Given) <b>WOODARD</b>		2 MIDDLE <b>LEROY</b>		3 LAST (Family) <b>STOLHAND</b>	
AKA ALSO KNOWN AS—Include full AKA (FIRST MIDDLE, LAST)		4 DATE OF BIRTH mm/dd/yyyy <b>02/12/1921</b>		5 AGE Yrs <b>101</b>	
9 BIRTH STATE * FOREIGN COUNTRY <b>OK</b>		10 SOCIAL SECURITY NUMBER <b>7652</b>		11 EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
12 MARITAL STATUS *SDP at Time of Death <b>WIDOWED</b>		7 DATE OF DEATH mm/dd/yyyy <b>01/04/2023</b>		8 HOUR 24 Hours <b>1400</b>	
13 EDUCATION—Highest Grad Degree <b>SOME COLLEGE</b>		14-15 WAS DECEDENT HISPANIC/LATINO/A SPANISH? If yes, see back sheet on back <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16 DECEDENT'S RACE—Up to 3 races may be listed (see front sheet on back) <b>CAUCASIAN</b>	
17 USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED		18 KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, food processing, employment agency, etc.) <b>CHEVRON</b>		19 YEARS IN OCCUPATION <b>52</b>	
20 DECEDENT'S RESIDENCE (Street and number or location) <b>4217 PASEO DE LAS TORTUGAS</b>					
21 CITY <b>TORRANCE</b>		22 COUNTY/PROVINCE <b>LOS ANGELES</b>		23 ZIP CODE <b>90505</b>	
24 YEARS IN COUNTY <b>83</b>		25 STATE/FOREIGN COUNTRY <b>CA</b>			
26 INFORMANT'S NAME RELATIONSHIP <b>DOUG STOLHAND, SON</b>			27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state and zip) <b>2224 COVINGTON COURT NE, OLYMPIA, WA 98516</b>		
28 NAME OF SURVIVING SPOUSE SRDP—FIRST <b>-</b>		29 MIDDLE <b>-</b>		30 LAST (BIRTH NAME) <b>-</b>	
31 NAME OF FATHER/PARENT—FIRST <b>AUSTIN</b>		32 MIDDLE <b>CORNELIUS</b>		33 LAST <b>STOLHAND</b>	
34 BIRTH STATE <b>MO</b>		35 NAME OF MOTHER/PARENT—FIRST <b>BLANCHE</b>		36 MIDDLE <b>ANN</b>	
37 LAST (BIRTH NAME) <b>HOOVER</b>		38 BIRTH STATE <b>IL</b>		39 DISPOSITION DATE mm/dd/yyyy <b>01/11/2023</b>	
40 PLACE OF FINAL DISPOSITION <b>GREEN HILLS MEMORIAL PARK</b>		41 TYPE OF DISPOSITION <b>BURIAL</b>			
42 SIGNATURE OF EMBALMER <b>DIANA N SPINN</b>		43 LICENSE NUMBER <b>EMB9596</b>		44 NAME OF FUNERAL ESTABLISHMENT <b>HALVERSON-STONE &amp; MYERS MORTUARY</b>	
45 LICENSE NUMBER <b>FD960</b>		46 SIGNATURE OF LOCAL REGISTRAR <b>MUNTU DAVIS MD</b>		47 DATE mm/dd/yyyy <b>01/11/2023</b>	
101 PLACE OF DEATH RESIDENCE		102 IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> EDL <input type="checkbox"/> SN <input type="checkbox"/> SNLT <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTHER			
104 COUNTY <b>LOS ANGELES</b>		105 FACILITY ADDRESS OR LOCATION (Street and number or location) <b>4217 PASEO DE LAS TORTUGAS</b>		106 CITY <b>TORRANCE</b>	
107 CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>(A) CONGESTIVE HEART FAILURE</b>		108 DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109 BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110 UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST		111 ALTOUSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112 USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (GIVEN IN 107) <b>NONE</b>					
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation on 3rd page		113A DECEASED PREGNANT (LAST YEAR) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
114 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR DATE AND PLACE STATED FROM THE CAUSE(S) STATED Decedent Attended Since: Decedent Last Seen At: <b>12/30/2022 01/04/2023</b>		115 SIGNATURE AND TITLE OF CERTIFIER <b>BONNY S CHUNG, MD</b>		116 LICENSE NUMBER <b>A106170</b>	
117 TYPE ATTENDING PHYSICIAN'S NAME MAILING ADDRESS ZIP CODE <b>BONNY S CHUNG, MD 25825 S. VERMONT AVE, HARBOR CITY, CA 90710</b>		117 DATE mm/dd/yyyy <b>01/11/2023</b>			
119 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR DATE AND PLACE STATED FROM THE CAUSE(S) STATED MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Unknown <input type="checkbox"/> Undetermined		120 INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		121 INJURY DATE mm/dd/yyyy	
122 PLACE OF INJURY (e.g. home, construction site, wooded area, etc.)					
124 DESCRIBE HOW INJURY OCCURRED (Event when resulted in injury)					
125 LOCATION OF INJURY (Street and number or location, and city and state)					
126 SIGNATURE OF COPONER DEPUTY COPONER		127 DATE mm/dd/yyyy		128 TYPE NAME TITLE OF COPONER /DEPUTY COPONER	
STATE REGISTRAR		FAX AUTH.#		CENSUS TRACT	

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

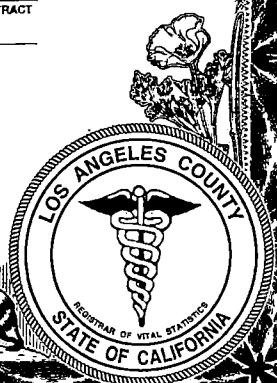
This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

*Bonny S Chung, MD*  
Health Officer and Registrar

DATE ISSUED

**JAN 13 2023**

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

3052016200258

CERTIFICATE OF DEATH

3201619045037

Form with sections: DECEDENT'S PERSONAL DATA, USUAL RESIDENCE, INFORMANT, SPOUSE/SRDP AND PARENT INFORMATION, FUNERAL DIRECTORY/LOCAL REGISTRAR, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, CORONERS USE ONLY, STATE REGISTRAR.

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

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001066718

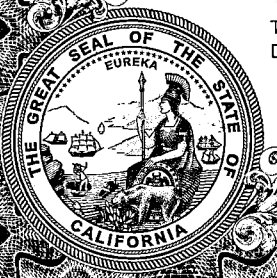
Signature of Health Officer and Registrar, MD DO 16

DATE ISSUED

OCT 20 2016

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CALOSANG01