

APN: 1220-16-610-072

WHEN RECORDED MAIL TO:

Corinne H. Owens
P.O. Box 44
Smith, NV 89430



SHAWNYNE GARREN, RECORDER

MAIL TAX NOTICES TO:

Corinne H. Owens
P.O. Box 44
Smith, NV 89430

AFFIDAVIT OF DEATH OF JOINT TENANT

I, CORINNE H. OWENS, being first duly sworn, deposes and says:

That EDWARD S. PRYSTUP, the decedent mentioned in the attached certified copy of the Certificate of Death is the same person as Edward S. Prystrup, named as one of the parties in that certain deed dated November 21, 2017, and executed by Edward S. Prystrup, transferring title to Edward S. Prystrup and Corinne H. Jones, as joint tenants, recorded on November 21, 2017, as Document No. 2017-907204, of the Official Records of Douglas County, Nevada, covering the real property known as 1348 S. Riverview Drive, Gardnerville, NV 89460, and as described as follows:

Lot 139, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 1, 1965, in Book 31, Page 686, as Document No. 28309, and Amended Title Sheet recorded on June 4, 1965, in Book 31, Page 797, as Document No. 28377.

TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

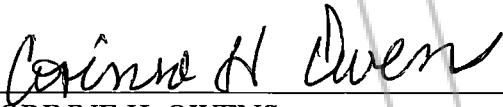
I, CORINNE H. OWENS, declare that I am the same Corinne H. Jones referenced in the Quitclaim Deed recorded on November 21, 2017, as Document No. 2017-907204, of the Official Records of Douglas County, Nevada.

Pursuant to NRS 440.380, the attached certified Death Certificate contains the social security of the Decedent.

Pursuant to NRS 111.312, this legal description was previously recorded on November 21, 2017, as Document No. 2017-907204.

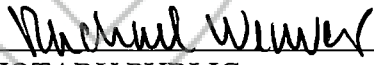
I declare under penalty of perjury that the foregoing is true and correct.

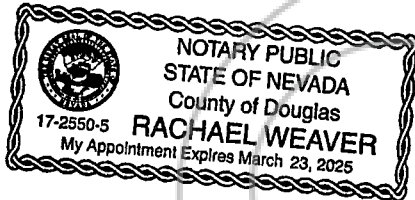
DATED: October 31, 2023


CORINNE H. OWENS

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on the 31st day of October 31, 2023, by Connie H. Owens.


NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4234215

2021021443
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) Edward Stanley PRYSTUP		2. DATE OF DEATH (Mo/Day/Year) September 03, 2021		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) 1348 South Riverview Drive		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 75		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 30, 1946		9a. STATE OF BIRTH (If not US/CA, name country) New York		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARITAL STATUS (Specify) Never Married		12. SURVIVING SPOUSE'S NAME (Last if no prior, id first marriage)	
13. SOCIAL SECURITY NUMBER ██████████-6842		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) CARPENTER		14b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1348 South Riverview Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Edward PRYSTUP			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Gerry EDLAND		
18a. INFORMANT- NAME (Type or Print) Corinne OWENS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1064 Aspen Grove Cr Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION City or Town State Minden Nevada 89423	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Cremations 1600 Buckeye Rd Minden NV 89423	
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) JUSTIN FRICKE 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) JUSTIN FRICKE SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) September 07, 2021		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) September 07, 2021	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 08:01		22d. PRONOUNCED DEAD (Mo/Day/Yr) September 03, 2021	
22e. PRONOUNCED DEAD AT (Hour) 08:01		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Justin Fricke P O Box 218 Minden, NV 89423			
23b. LICENSE NUMBER 0523		24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 07, 2021		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				Interval between onset and death	
(a) Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF:					
(b) Cardia Dysrthmia With Chronic Total Occlusion DUE TO, OR AS A CONSEQUENCE OF:					
(c) Coronary Artery Disease DUE TO, OR AS A CONSEQUENCE OF:					
(d) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF:					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Chronic obstructive pulmonary disease				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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	



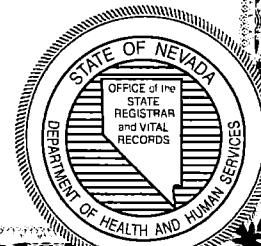
CERTIFIED COPY OF VITAL RECORDS

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.

DATE ISSUED: 9/9/2021

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

Justin Fricke
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE