

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



SHAWNYNE GARREN, RECORDER

APN: 1420-27-801-001

Recording requested by:)
Hazel Narveson)
1552 Steve Court)
Minden, NV 89423)

When recorded mail to:)
Hazel Narveson)
1552 Steve Court)
Minden, NV 89423)

Mail tax statement to:)
Hazel Narveson)
1552 Steve Court)
Minden, NV 89423)

AFFIDAVIT – DEATH OF CO-TENANT

I, HAZEL LORRAINE NARVESON, of legal age, being first duly sworn, declare under penalty of perjury that:

PETER JAMES NARVESON, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as PETER NARVESON named as one of the parties (grantees) in that certain deed dated July 18, 2001, and executed by Penny J. Brodie, an unmarried woman (grantor) to PETER NARVESON and HAZEL NARVESON, husband and wife as joint tenants with right of survivorship, as Document No. 520597 of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

Parcel D-4-D1-A as set forth on that certain Parcel Map No. 8 for RAYMOND M. SMITH filed for record on March 6, 1992 in Book 392, Page 847 as Document No. 272702.

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.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

PETER JAMES NARVESON, the deceased party, died on January 12, 2015, as shown in the attached certified copy of Certificate of Death.

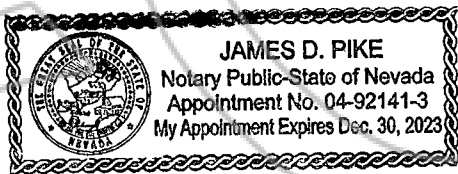
The Affiant is the Wife of the Decedent and the surviving tenant, now holding title as HAZEL LORRAINE NARVESON, an unmarried woman as her sole and separate property.

Executed on October 31, 2023, in the county of Douglas, state of Nevada.

Hazel L. Narveson
HAZEL LORRAINE NARVESON

STATE OF NEVADA)
): ss
COUNTY OF DOUGLAS)

Signed and sworn to (or affirmed) before me on this October 31, 2023, by HAZEL LORRAINE NARVESON.



James D. Pike
NOTARY PUBLIC

This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2015000909

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

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) Peter James NARVESON		2. DATE OF DEATH (Mo/Day/Year) January 12, 2015		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or 3e,if Hosp. or Inst. indicate DOA,OP/Emer, Rm. Inpatient)(Specify) Renown Regional Medical Center Intensive Care Unit (ICU)		4. SEX Male	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 76	
9a. STATE OF BIRTH (if not U.S.A.) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Hazel Lorraine ZIEGENBEIN		8. DATE OF BIRTH (Mo/Day/Yr) April 18, 1938	
13. SOCIAL SECURITY NUMBER ██████████-6860		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Police Officer		14b. KIND OF BUSINESS OR INDUSTRY City	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1552 Steve Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Peter Clarence NARVESON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Vera Inez KHUNTZ		
18a. INFORMANT - NAME (Type or Print) Hazel NARVESON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1552 Steve Court Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER		20b. FUNERAL DIRECTOR LICENSE NUMBER 823		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street 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) SONILA ZIU			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) January 21, 2015		21c. HOUR OF DEATH 17:55		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) SONILA ZIU 1155 Mill St. Reno, NV 89502			
23b. LICENSE NUMBER LL2366		24a. REGISTRAR (Signature) BRIDGES SANDI		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 23, 2015	
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) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Stroke DUE TO, OR AS A CONSEQUENCE OF: (c) Aspiration Pneumonia DUE TO, OR AS A CONSEQUENCE OF: (d)			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Unknown Etiology		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			

STATE REGISTRAR

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:

2/3/2015

R. J. White
STATE REGISTRAR
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

VRS-Rev-20120523a

