

APN# 1320-30-817-002



Recording Requested by/Mail to:

Name: Alan R. Erb

Address: P.O. Box 133

City/State/Zip: Gardnerville, NV 89410

Mail Tax Statements to:

Name: Shirley Klavon

Address: 1625 Olua St.

City/State/Zip: Minden, NV 89423

SHAWNYNE GARREN, RECORDER

ASSIDAVIT DEATH OF JOINT TENANT
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)

Alan R. Erb
Signature

Alan R. Erb
Printed Name

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

1 APN: 1320-30-817-002

2 The undersigned hereby affirms
3 that there is no
4 Social Security number
5 contained in this document.

6 When recorded, mail to:
7 Alan R. Erb
8 P.O. Box 133
9 Gardnerville, NV 89410

10 **AFIDAVIT OF DEATH OF JOINT TENANT**

11 STATE OF NEVADA)
12) ss.
13 COUNTY OF DOUGLAS)

14 I, SHIRLEY A. KLAVON, hereby swear (or affirm) under penalty of perjury, that the following
15 assertions are true of my own personal knowledge:

16 1. I am over the age of twenty-one (21) years and competent to be a witness as to the
17 matters hereinafter stated.

18 2. KENNETH L. KLAVON, the decedent mentioned in the attached certified copy of
19 Certificate of Death, is the same person as KENNETH L. KLAVON named as one of the parties in
20 that certain DEED OF TRUST dated May 14, 2013, executed by BOFI Federal Bank, "Lender", to
21 KENNETH L. KLAVON AND SHIRLEY A. KLAVON, HUSBAND AND WIFE AS COMMUNITY PROPERTY,
22 WITH RIGHT OF SURVIVORSHIP, recorded as Document No. 823553, in Book 513, Page 3643, of
23 Official Records of Douglas County, Nevada, covering the following described property situated
24 in the County of Douglas, State of Nevada.
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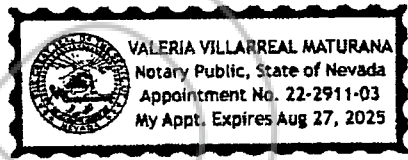
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Lot 2 in Block H, of MACKLAND SUBDIVISION, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on December 4, 1980, in Book 1280, Page 475, as Document No. 51372.

Shirley A. Klavon
SHIRLEY A. KLAVON

SIGNED AND SWORN TO (or affirmed)
before me on 11/07, 2023,
by SHIRLEY A. KLAVON.

Valeria Villarreal Maturana
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. 4246167

2021027609
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) Kenneth Lee KLAVON		2. DATE OF DEATH (Mo/Day/Year) November 01, 2021		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1625 Olua St		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) 89	
		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
9a. STATE OF BIRTH (If not US/CA, name country) Nebraska		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER ██████████-4133		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
		15d. STREET AND NUMBER 1625 Olua St		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Gustav W KLAVONN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Alice M NIELSON		
18a. INFORMANT- NAME (Type or Print) Shirley KLAVON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1625 Olua St 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) DENICE PORTILLO SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD872		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) REED DOPF MD SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) November 03, 2021		21c. HOUR OF DEATH 03:45		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Reed Dopf MD 907 Mountain Street Carson City, NV 89703				23b. LICENSE NUMBER 13920	
24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 08, 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 (a) Respiratory Arrest				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF: Acute Respiratory Failure				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF: Chronic Lymphocytic Leukemia				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:				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. Coronary Heart Disease				26. AUTOPSY (Specify Yes or No) No	
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	



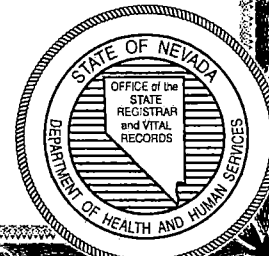
CERTIFIED COPY OF VITAL RECORDS

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: 11/23/2021

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

Janey Stupich
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE