

APN: 1420-28-701-032

When Recorded Mail to:

Neal C. Falk, Esq
990 Ironwood Drive
Minden NV 89423

Mail Tax Statements to:
Jason Arnold
1397 Jackie Lane
Minden, NV 89423



SHAWNYNE GARREN, RECORDER

SPACE ABOVE RESERVED FOR RECORDER'S USE

Pursuant to *NRS 239B.030*, I, the undersigned, affirm that this document submitted for recording does contain the social security number of any person or persons.

AFFIDAVIT OF DEATH OF JOINT TENANT

State of NEVADA)
 : ss.
County of DOUGLAS)

Comes now, Jason Arnold, affiant herein, being of lawful age and sound mind and having been duly sworn upon her oath, states:

1. I am over 18 years of age, am of sound mind, and if called to testify would competently testify to the following:

2. The real property commonly known as 1397 Jackie Lane, Minden, NV 89423, was conveyed to Kelton M. Arnold and Linda J. Arnold, husband and wife, as joint tenants with right of survivorship, and not as tenants in common, by that certain Joint Tenancy Deed recorded on August 11, 1994 as Document No. 343829 of the Official Records in the Office of the County Recorder of Douglas County, in and for the State of Nevada, (the "Deed").

3. Linda J. Arnold (Decedent) died on July 31, 2023. A certified copy of Decedent's death certificate is attached hereto and incorporated herein by reference.

4. At the time of the Decedent's death, she was the record owner, of certain real property which property is described in a Joint Tenancy Deed.


5. The real property commonly known as 1397 Jackie Lane, Minden, NV 89423, which is the subject of the Deed is located in the County of Douglas, State of Nevada, is more particularly described as follows:

All that certain lot, piece or parcel of land situate in Section 28, Township 14 North, Range 20 East, M.D.B. & M., Douglas County, State of Nevada described as follows: Parcel D-2 as set forth on Parcel Map No. 3 for D.N.S. Ventures filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 7, 1993, in Book 1293, Page 1338, as Document No. 324374.

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.

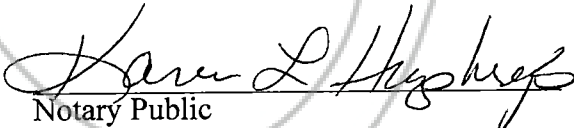
Pursuant to NRS §111.312, this legal description was previously recorded on August 11, 1994, as Document No. 343829, in the Official Records of Douglas County.

DATED this 21 day of NOV 2023.

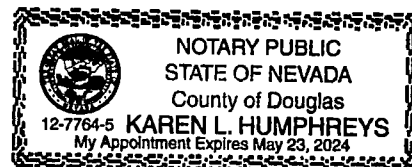


Jason Arnold

SUBSCRIBED and SWORN to before me
This 21 day of November, 2023.



Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4364404

CERTIFICATE OF DEATH

2023017578
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

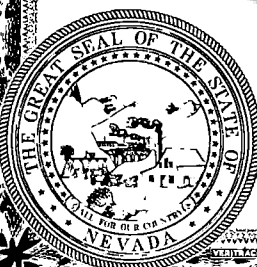
CERTIFIER

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) Linda Jeanette ARNOLD		2. DATE OF DEATH (Mo/Day/Year) July 31, 2023		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) 1397 Jackie Lane		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) 69	
9a. STATE OF BIRTH (If not US/CA, name country) California		8b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		7b. UNDER 1 YEAR MOS	
13. SOCIAL SECURITY NUMBER ██████████-4931		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) HOMEMAKER		14b. KIND OF BUSINESS OR INDUSTRY OWN HOME	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1397 Jackie Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		8. DATE OF BIRTH (Mo/Day/Yr) September 07, 1953	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Joe LENDERMAN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Irmgard		
18a. INFORMANT- NAME (Type or Print) Jason ARNOLD		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 12948 Gaston Dr Nevada City, California 95959			
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) NADIA NINA SANDOVAL		20b. FUNERAL DIRECTOR LICENSE NUMBER FD1007		20c. NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funerals & 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 T Davis P O Box 218 Minden, NV 89423			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 T DAVIS		
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				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)				23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) ANNAH M HOWARD		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 25, 2023		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) Hypertensive Cardiovascular Disease Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Unknown Etiology Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) 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.				26. AUTOPSY (Specify Yes or No) Yes	
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	



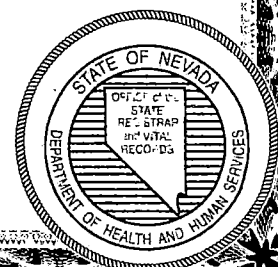
CERTIFIED COPY OF VITAL RECORDS

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.

Cody D. Phinney
STATE REGISTRAR

DATE ISSUED: **10/31/2023**

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE