

APN: 1420-34-310-020



SHAWNYNE GARREN, RECORDER

Recorded at the Request of/Return to:
HERITAGE LAW
1625 State Route 88, Suite 304
Minden, NV 89423

Mail Future Tax Statements To:
SYLVIA L. KAIN and
MARTIN KAIN
2662 Gordon Avenue
Minden, NV 89423-9290

The undersigned hereby affirms that this document submitted for recording DOES contain personal information as required by law.

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

MARTIN KAIN, being of legal age, and being of sound mind and body, hereby swears (or affirms) under penalty of perjury, that the following is true of his own personal knowledge:

That DANIEL W. KAIN, the decedent mentioned in the attached certified copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit B** and incorporated herein by reference, is the same person as DANIEL W. KAIN, one three Grantees who took title as joint tenants with right of survivorship in that certain *Grant, Bargain and Sale Deed* dated February 7, 2020, and recorded on February 13, 2020, as Document No. 2020-942196 of Official Records of Douglas County, State of Nevada, which deed pertains to real property commonly known as 2662 Gordon Avenue, Minden, Douglas County, State of Nevada, more precisely described as:

SEE LEGAL DESCRIPTION ATTACHED AS EXHIBIT "A" AND MADE A PART HEREOF

Pursuant to NRS 111.312, the above legal description previously appeared in *Grant, Bargain and Sale Deed* recorded on February 13, 2020, as Document No. 2020-942196.

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

This deed was prepared without the benefit of a title search and the description of the property was furnished by the party(ies). The preparer of this deed assumes no liability

whatsoever either for the accuracy of the legal description or the status of the title to the property.

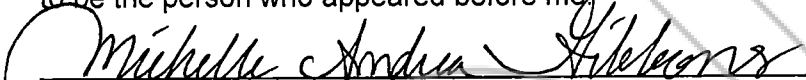
Dated: December 4, 2023.



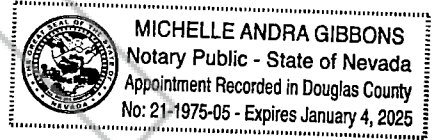
MARTIN KAIN

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

Subscribed and sworn to (or affirmed) before me, a Notary Public, on December 4, 2023, by MARTIN KAIN, personally known to me or proved to me on the basis of satisfactory evidence to be the person who appeared before me.



Notary Public



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**EXHIBIT "A"
LEGAL DESCRIPTION**

Lot 6 in Block 2, as shown on the map of the RE-SUBDIVISION OF PORTIONS OF ARTEMISIA SUBDIVISION, filed for record in the office of the Douglas County Recorder, State of Nevada, on April 23, 1962, as Document No. 19909, Official Records.

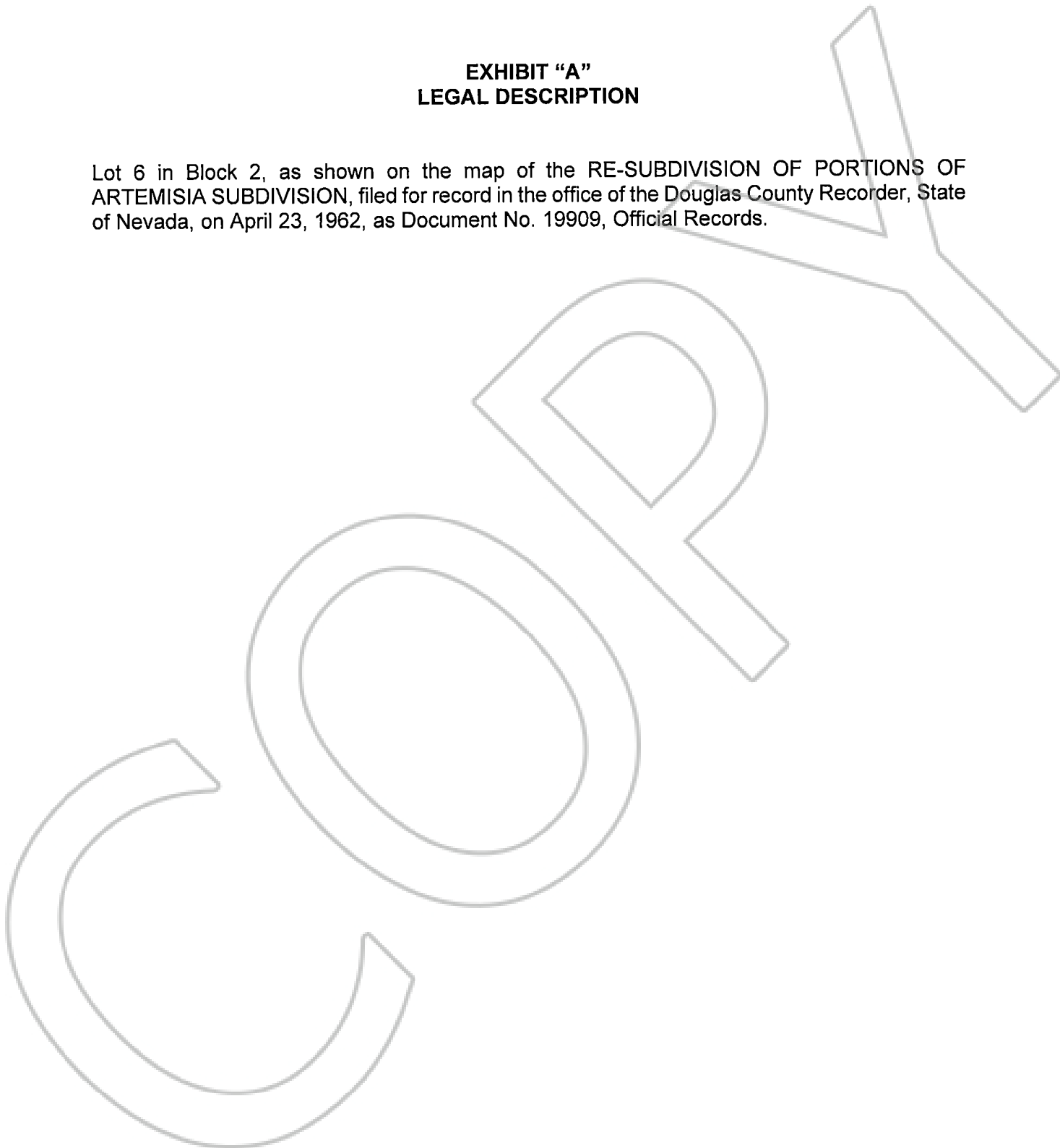


EXHIBIT B

Deceased Joint Tenant: DANIEL W. KAIN
Date of Death: February 24, 2021

Nevada Certificate of Death, DANIEL W. KAIN

STATE OF NEVADA CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4199356

CERTIFICATE OF DEATH

2021005132
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Daniel William KAIN		2. DATE OF DEATH (Mo/Day/Year) February 24, 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) 2662 Gordon Ave		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	
8. DATE OF BIRTH (Mo/Day/Yr) September 18, 1931					

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Sylvia Lillie LEWIS			
13. SOCIAL SECURITY NUMBER ██████████-7181		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Engineer		14b. KIND OF BUSINESS OR INDUSTRY Telecommunications	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
		15d. STREET AND NUMBER 2662 Gordon Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) No	

PARENTS

16. FATHER/PARENT - NAME (First Middle Last Suffix) Archie Delphos KAIN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mazie Margaret BERGEN		
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DISPOSITION

18a. INFORMANT- NAME (Type or Print) Sylvia Lillie KAIN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2662 Gordon Ave. Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenrys Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	

TRADE CALL

20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) NORMA M FINKES SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD967		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
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CERTIFIER

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) DOUGLAS VACEK DO 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)			
21b. DATE SIGNED (Mo/Day/Yr) February 24, 2021		21c. HOUR OF DEATH 13:01		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)	

REGISTRAR

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Douglas Vacek DO 850 6th Street Lovelock, NV 89419		23b. LICENSE NUMBER 1125	
24a. REGISTRAR (Signature) SHANA B RHINEHART SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 25, 2021	
24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

CAUSE OF DEATH

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART I			
(a) Cardiac Arrest			
DUE TO, OR AS A CONSEQUENCE OF:			
(b) Electrolyte Imbalance			
DUE TO, OR AS A CONSEQUENCE OF:			
(c) Metastatic Colon Adenocarcinoma			
DUE TO, OR AS A CONSEQUENCE OF:			
(d)			

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Advanced Age				26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (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			



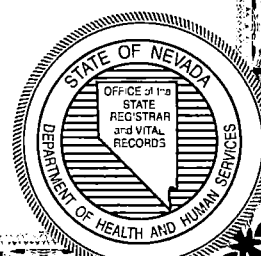
CERTIFIED COPY OF VITAL RECORDS

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: **3/2/2021**

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

Shana B Rhinehart
STATE REGISTRAR



MANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE