

APN: 1420-29-812-038

WHEN RECORDED MAIL TO:

Michael L. Freer, Sr.
1163 North Fork TR
Minden, NV 89423



SHAWNYNE GARREN, RECORDER

MAIL TAX NOTICES TO:

Michael L. Freer, Sr.
1163 North Fork TR
Minden, NV 89423

AFFIDAVIT OF DEATH

I, MICHAEL L. FREER, SR., being first duly sworn, deposes and says:

That DEBORAH ANN FREER, the decedent mentioned in the attached certified copy of the Certificate of Death is the same person as Debbie Freer, named as one of the parties in that certain deed dated August 31, 2021, and executed by Michael Freer, Sr., and Debbie Freer, husband and wife as joint tenants, transferring title to Michael L. Freer, Sr., and Debbie Freer, husband and wife as joint tenants, recorded on August 31, 2022, as Document No. 2021-973341, of the Official Records of Douglas County, Nevada, covering the real property known as 1163 North Fork Trail, Minden, NV, and as described as follows:

LOT 36, IN BLOCK C, AS SET FORTH ON FINAL SUBDIVISION MAP, PLANNED DEVELOPMENT PD 02-01 FOR NORTH FORK TRAILS, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY ON OCTOBER 20, 2003, IN BOOK 1003, PAGE 9460, AS DOCUMENT NO. 590429.

EXCEPTING THEREFROM ALL MINERALS, OIL, GAS, AND OTHER HYDROCARBONS AS DEEDED TO STOCK PETROLEUM CO., INC. IN DOCUMENT RECORDED MARCH 13, 1980 IN BOOK 380, PAGE 1315, AS DOCUMENT NO. 42677, OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA.

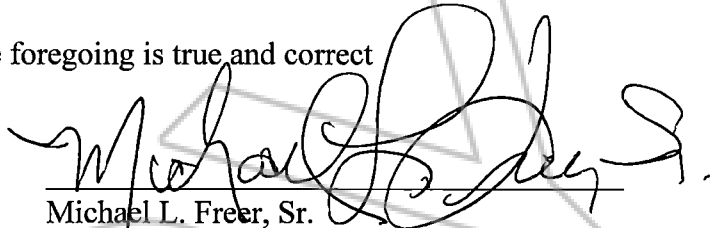
TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

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 **August 31, 2021 as Document No. 2021-973295.**

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

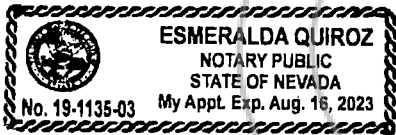
DATED March 3, 2023


Michael L. Freer, Sr.

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on the 3rd day of March 2023, by Michael Freer, Sr.


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. 4326934

CERTIFICATE OF DEATH

2022031149
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) Deborah Ann FREER		2. DATE OF DEATH (Mo/Day/Year) December 28, 2022		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address number) Continuicare Hospital of Carson Tahoe, Inc.		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4 SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 73		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 01, 1949		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Michael LeRoy FREER Sr	
13. SOCIAL SECURITY NUMBER ██████████-2151		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) MANAGER		14b. KIND OF BUSINESS OR INDUSTRY Phone Company	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1163 North Fork Trail		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) John Harry LORDEMAN	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Rosa Ella MARTIN		18a. INFORMANT - NAME (Type or Print) Michael LeRoy FREER Sr		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1163 North Fork Trail 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 Funerals & Creations 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) SQUIRE D HEPWORTH MD 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) January 05, 2023		21c. HOUR OF DEATH 13:24		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) Squire D Hepworth MD 1600 Medical Pkwy Carson City, NV 89703		23b. LICENSE NUMBER 18140	
24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 05, 2023		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) Cardiopulmonary Arrest					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Acute Respiratory Failure With Hypoxia					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Multifocal Pneumonia					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Pulmonary Emboli					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Gastrointestinal Bleed				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	



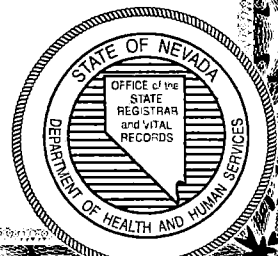
CERTIFIED COPY OF VITAL RECORDS

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.
1/9/2023

DATE ISSUED:

Scott Spangler
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE