

APN NO. 1220-21-810-234

RECORDING REQUESTED BY
IDA STURN

AND WHEN RECORDED MAIL TO
IDA STURN
1366 PATRICIA DRIVE
GARDNERVILLE, NV 89460

SEND SUBSEQUENT TAX BILLS TO:
IDA STURN
1366 PATRICIA DRIVE
GARDNERVILLE, NV 89460



SHAWNYNE GARREN, RECORDER

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada
County of Douglas

IDA E STURN, of legal age, being first duly sworn, deposes and says:

That PAUL F STURN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as PAUL F STURN named as one of the parties in that certain GRANT, BARGAIN and SALE DEED dated JUNE 19, 2003, executed by WILLARD DWAIN KROUT and GENEVA KROUT to PAUL F STURN and IDA E STURN, Husband and Wife as Joint Tenants with Rights of Survivorship, recorded as Instrument No. 583041 on July 11, 2003, in Book 7, Page 5126, Records of Douglas County, Nevada, covering the following described property situated in the said County, State of Nevada:

Lot 417, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974, as Document No. 72456.

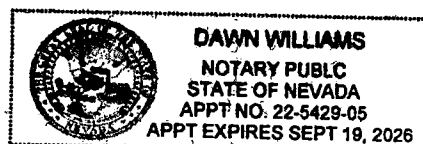
Commonly known as: 1366 Patricia Dr. Gardnerville, NV 89460

Ida E Sturn
IDA E STURN

State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me, Dawn Williams
Notary Public on this 18 day of June, 2023, by Ida E Sturn, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature *Dawn Williams* Seal



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4148518

2020011822
STATE FILE NUMBER

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX). Paul Frederick STURN		2. DATE OF DEATH (Mo/Day/Year) June 03, 2020		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and city) 1366 Patricia Dr		3a. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) Home	
DECEDENT	4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 72		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) April 12, 1948		9a. STATE OF BIRTH (if not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 16		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Ida DAVIS	
PARENTS	13. SOCIAL SECURITY NUMBER 0147		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Machinist		14b. KIND OF BUSINESS OR INDUSTRY Electronics	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1366 Patricia Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) George STURN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Justina JUST		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) Ida STURN			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1366 Patricia Dr Gardnerville, Nevada 89460		
	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	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) JOHN KEVIN DANIELS MD			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) June 08, 2020		21c. HOUR OF DEATH 05:00		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
CAUSE OF DEATH	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) John Kevin Daniels MD 1664 N Virginia St Reno, NV 89557			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER LL2450				24a. REGISTRAR (Signature) WESLEY T STOREY	
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 10, 2020				24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STATE REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
	PART I					
STATE REGISTRAR	(a) Heart Failure					
	DUE TO, OR AS A CONSEQUENCE OF:					
STATE REGISTRAR	(b) Hypertension					
	DUE TO, OR AS A CONSEQUENCE OF:					
STATE REGISTRAR	(c) DUE TO, OR AS A CONSEQUENCE OF:					
	DUE TO, OR AS A CONSEQUENCE OF:					
STATE REGISTRAR	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) No	
	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
STATE REGISTRAR	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					
STATE REGISTRAR	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

000820343



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:

JUN 19 2020

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

VRS-Rev-20120523a

