

This document does contain a social security number pursuant to NRS 440.380(1)(a) & NRS 40.525(5)



SHAWNYNE GARREN, RECORDER

Natalia K. Vander Laan, Esq.

A.P.N.: 1320-26-002-027

Recording requested by:)
CHRISTINE LEA REDINGER)
1614 Heron Cove Court)
Gardnerville, NV 89410)

When recorded mail to:)
CHRISTINE LEA REDINGER)
1614 Heron Cove Court)
Gardnerville, NV 89410)

Mail tax statement to:)
CHRISTINE LEA REDINGER)
1614 Heron Cove Court)
Gardnerville, NV 89410)

AFFIDAVIT – DEATH OF CO-TENANT

I, CHRISTINE LEA REDINGER, of legal age, being first duly sworn, declare under penalty of perjury that:

KRAG FREDERICK REDINGER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as KRAG F. REDINGER named as one of the parties (grantees) in that certain deed dated February 27, 2018, and executed by Robert Felix and Lorraine Felix, husband and wife as joint tenants (grantors) to Krag F. Redinger and Christine L. Redinger, Husband and Wife as joint tenants, (grantees), recorded on February 28, 2018, as Document No. 2018-910928 of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

Parcel 2 as set forth on that certain Parcel Map for MARY AND MICHAEL JARRETT and GEBHARRT REVOCABLE TRUST AGREEMENT recorded March 22, 1993, in Book 393 of Official Records, Page 4000, as Document No. 302422, Douglas County, State of Nevada.

NOTE: The above metes and bounds description appeared previously in that certain Grant, Bargain, Sale Deed recorded in the office of the County Recorder of Douglas County, Nevada, on February 28, 2018, as Document No. 2018-910928 of Official Records.

Subject to:

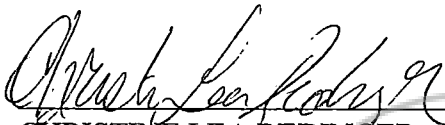
1. All general and special taxes for the current fiscal year.
2. Covenants, conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

KRAG FREDERICK REDINGER, the deceased party, died on September 13, 2022, as shown in the attached certified copy of Certificate of Death.

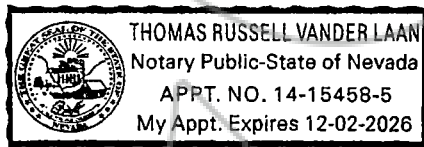
The Affiant is the Wife of the Decedent and the surviving tenant, now holding title as CHRISTINE LEA REDINGER, an unmarried woman as her sole and separate property.

Executed on July 26, 2023, in the county of Douglas, state of Nevada.


 CHRISTINE LEA REDINGER

STATE OF NEVADA)
): ss
 COUNTY OF DOUGLAS)

Signed and sworn to (or affirmed) before me on this July 26, 2023, by CHRISTINE LEA REDINGER.





 NOTARY PUBLIC

This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4306253

CERTIFICATE OF DEATH

2022022399
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) Krag Frederick REDINGER		2. DATE OF DEATH (Mo/Day/Year) September 13, 2022		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street ar number) Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 54	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS
9a. STATE OF BIRTH (If not US/CA, name country) Kentucky		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) Christine HOID
13. SOCIAL SECURITY NUMBER ██████████4185		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Global Security	Ever in US Armed Forces? Yes
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville	15d. STREET AND NUMBER 1614 Heron Cove Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) Micheal Frederick REDINGER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Susan Diane JOHNSON		
18a. INFORMANT- NAME (Type or Prnt) Christine Lea REDINGER		18b. MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) 1614 Heron Cove Ct Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		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 & 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) NICOLE HUNT APRN 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) September 20, 2022		21c. HOUR OF DEATH 11:07		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) Nicole Hunt APRN 1155 Mill Street Reno, NV 89502				23b. LICENSE NUMBER APRN824509	
24a. REGISTRAR (Signature) BLAIR J HEDRICK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 21, 2022		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				Interval between onset and death	
(a) Septic Shock				Interval between onset and death	
(b) Pancreatic Abscess				Interval between onset and death	
(c) Pancreatitis				Interval between onset and death	
(d) Chronic Alcohol Use				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 Hyperlipidemia, Obesity				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



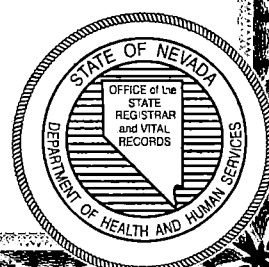
CERTIFIED COPY OF VITAL RECORDS

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.
9/23/2022

DATE ISSUED:

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