



SHAWNYNE GARREN, RECORDER

**RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO**

Hyatt McIntire & Associates  
950 Tharp Road, Suite 701  
Yuba City, CA 95993

**MAIL TAX STATEMENTS TO:**

Robin Pedrett, Trustee  
P.O. Box 1918  
Minden, NV 89423

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**Affidavit — Death of Joint Tenant**

STATE OF CALIFORNIA )  
 ) SS.  
COUNTY OF SUTTER )

ROBIN M. PEDRETT, of legal age, being first duly sworn, deposes and says:

THAT CHRISTOPHER DAVID PEDRETT, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as CHRISTOPHER DAVID PEDRETT named as one of the parties in that certain Grant, Bargain and Sale Deed dated August 21, 1996, executed by MARY A. ANDERSON, a widow to CHRISTOPHER DAVID PEDRETT and ROBBIN WHITE PEDRETT, husband and wife as Joint Tenants, recorded as Document No. 396296 in Book 0996 at page 1735 on September 13, 1996, Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

**THE WEST 339.80 FEET OF THE SOUTH 300.00 FEET OF THE SOUTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 35, TOWNSHIP 14 NORTH, RANGE 20 EAST, M.D.B. & M.**

**SUBJECT TO RESERVATION FOR ROADWAY AND UTILITY PURPOSES OVER THE WESTERLY TWENTY-FIVE (25) AND OVER THE SOUTHERLY TWENTY-FIVE FEET OF SAID PREMISES.**

APN: 1420-35-201-007 (fka APN 21-260-05) ; *Commonly known as 2703 E Valley Road, Minden, NV 89423.*

Dated: May 6, 2024

*Robin M. Pedrett*

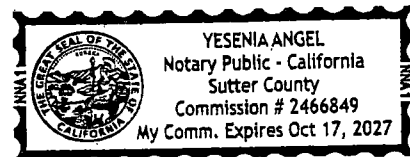
ROBIN M. PEDRETT

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of Sutter

SUBSCRIBED TO AND SWORN TO (or affirmed) before me on this 6th day of May, 2024, by ROBIN M. PEDRETT, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

*Yesenia angel*  
(Signature of Notary Public)



(This area for official notarial 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. 4266447

**CERTIFICATE OF DEATH**

2022003586  
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) Christopher David PEDRETT		2. DATE OF DEATH (Mo/Day/Year) February 07, 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 or number) Renown Regional Medical Center		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify): Inpatient	
4. SEX Male		7a. AGE-Last birthday (Years) 67		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) March 03, 1954		9a. STATE OF BIRTH (if not US/CA, name country) Oklahoma		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) Robbin WHITE	
13. SOCIAL SECURITY NUMBER [REDACTED]-3448		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2703 East Valley Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Larry PEDRETT			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Joan PIERSON		
18a. INFORMANT- NAME (Type or Print) Robbin PEDRETT		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 1918 Minden, Nevada 89423			
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	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLEN THOMAS</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N. Roop Carson City NV 89706	
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) <b>HOLLY PORTER APRN</b> 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 11, 2022		21c. HOUR OF DEATH 06:12		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) Holly Porter APRN 1155 Mill St Reno, NV 89502				23b. LICENSE NUMBER APRN002628	
24a. REGISTRAR (Signature) <b>CARMEN M MENDOZA</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 11, 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) Obstructive Shock					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Pulmonary Embolism					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Disseminated Intravascular Coagulation					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Uncertain Etiology					
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) 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	

000915455



CERTIFIED COPY OF VITAL RECORDS

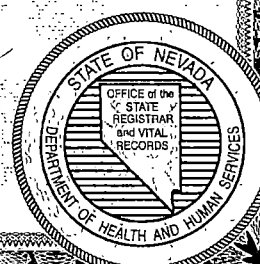
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

2/15/2022

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

*Carmen Mendoza*  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE