

APN# 1420-28-215-017



SHAWNYNE GARREN, RECORDER

Recording Requested by/Mail to:

Name: C DELL LINDSTROM

Address: 2913 LA CRESTA CIRCLE

City/State/Zip: MINDEN, NV 89423

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____

AFFIDAVIT OF DEATH

Title of Document (required)

Please complete the Affirmation Statement below:

The undersigned hereby affirms that the document submitted for recording DOES contain personal information as required by law: (check applicable)

- Affidavit of Death – NRS 440.380 (1)(A) & NRS 40.525 (5)
- Military Discharge – NRS 419.020 (2)
- Other NRS _____ (state specific law)

-OR-

I the undersigned hereby affirm the attached document, including any exhibits, hereby submitted for recording does NOT contain the personal information of any person(s). (Per NRS 239B.030)

C Dell Lindstrom

Signature

C DELL LINDSTROM

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

Affidavit of Death

STATE OF Nevada
COUNTY OF Douglas

I, C Dell Lindstrom, residing at 2913 La Cresta Circle, Minden,
Nevada, being of legal age, depose and say that:

That Constance J. Lindstrom
_____ died on May 8, 2024 as
evidence by a certified copy of that Certificate of Death, attached hereto;

That I am the successor to the estate of the descendant and to the descendants interest in funds held by various institutions and no other person has a superior right to the interest of the decedents in the described property; SEE EXHIBIT A

That no proceeding is being or has been conducted in Nevada for administration of the descendant's estate.

Oath of Affirmation:

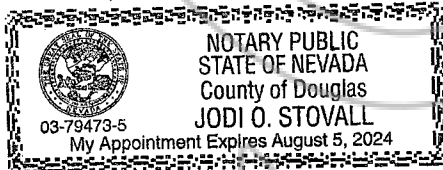
I certify under penalty of perjury under Nevada law that I know the contents of this Affidavit signed by me and that the statements are true and correct.

Signed and sworn to before me on

JUNE 4, 2024 by C Dell Lindstrom
C DELL LINDSTROM C. DELL LINDSTROM

STATE OF Nevada, COUNTY OF DOUGLAS, ss:

Jodi O. Stovall
Notary Public



Notary Public
Title (and Rank)

My commission expires 8-5-24

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4412609

CERTIFICATE OF DEATH

2024010369
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) Constance Juanita LINDSTROM		2. DATE OF DEATH (Mo/Day/Year) May 08, 2024		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION Name (If not either, give street address number) Renown Regional Medical Center		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) 76		7b. UNDER 1 YEAR MOS. DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 08, 1947		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) C Dell LINDSTROM	
13. SOCIAL SECURITY NUMBER 4127		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
Homemaker		Home		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2913 La Cresta Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) GLASS	
17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Juanita PORTER		18a. INFORMANT - NAME (Type or Print) C Dell LINDSTROM		18b. MAILING ADDRESS (Street or R.F.D. No., City, or Town, State, Zip) 2913 La Cresta Circle Minden, Nevada 89423	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Crementation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
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 Fitzhenry's Carson Valley Funeral Home 1637 Esmeralda Place 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) HOLLY PORTER 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) May 13, 2024		21c. HOUR OF DEATH 15:15		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) BRENDA L PEER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 13, 2024		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: (a) Multiorgan Failure DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Shock DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Multiple Myeloma DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Uncertain Etiology DUE TO, OR AS A CONSEQUENCE OF:				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.				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.

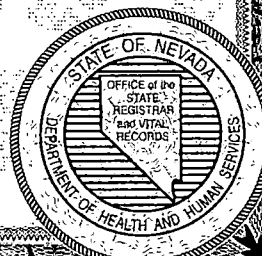
Cody D. Peering

5/14/2024

STATE REGISTRAR

DATE ISSUED:

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



ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

EXHIBIT A

REQUESTED BY
FIRST AMERICAN TITLE CO.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 APR 15 PM 4:07

WERNER CHRISTEN
RECORDER

\$ 150 PAID *BR* DEPUTY

A.P. No. 1420-28-215-017
Escrow No. 143-2101913-PS/JEJ
R.P.T.T. \$1,903.20

WHEN RECORDED MAIL TO:

C. Dell Lindstrom and Constance J Lindstrom
2913 La Cresta
Minden, NV 89423

MAIL TAX STATEMENT TO:

2913 La Cresta
Minden, NV 89423

GRANT, BARGAIN and SALE DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

H & S Construction, Inc, a Nevada Corporation

do(es) hereby **GRANT, BARGAIN and SELL** to

C. Dell Lindstrom and Constance J Lindstrom, Husband and Wife as Community
Property, with right of survivorship
the real property situate in the County of Douglas, State of Nevada, described as follows:

**Lot 266 in Block B as shown on the Map of SARATOGA SPRINGS ESTATES UNIT 7 (Final Map
#PD 99-02-07), filed in the office of the Douglas County Recorder on August 19, 2003, File
No. 587125.**

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.

Date: 03/25/2004

0610342
BK0404PG07414