

This document does contain a social security number pursuant to NRS 440.380(1)(a) & NRS 40.525(5) Natalia K. Vander Laan, Esq.



SHAWNYNE GARREN, RECORDER

**APN: 1220-03-411-013**  
**1220-03-411-012**

**Recording requested by:** )  
Martin Stahl )  
287 Shadow Mountain Road )  
Gardnerville, NV 89460 )

**When recorded mail to:** )  
Martin Stahl )  
287 Shadow Mountain Road )  
Gardnerville, NV 89460 )

**Mail tax statement to:** )  
Martin Stahl )  
287 Shadow Mountain Road )  
Gardnerville, NV 89460 )

### AFFIDAVIT OF DEATH

I, MARTIN LESLIE STAHL, of legal age, being first duly sworn, declare under penalty of perjury that:

LILLIAN EDITH STAHL, the decedent mentioned in the attached copy of Certificate of Death, is the same person as LILLIAN E. STAHL named as one of the parties (grantees) in that certain deed dated October 26, 1998, and executed by MARTIN L. STAHL, a married man as his sole and separate property (grantor) to ERNEST E. STAHL and LILLIAN E. STAHL, husband and wife as community property with right of survivorship, recorded on November 4, 1998, as Document No. 0453299 of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

Lot 12 and 13, in Block A, as set forth on the Final Map for SOUTHGATE SERVICE PARK ONE (An industrial Subdivision) filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 5, 1991, in Book 691, Page 457, as Document No. 252109.

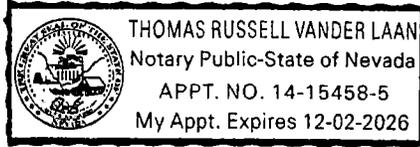
Subject to:

1. All general and special taxes for the current fiscal year.



STATE OF NEVADA        )  
                                  ): ss  
COUNTY OF DOUGLAS    )

Signed and sworn to (or affirmed) before me on this August 26, 2024, by MARTIN LESLIE STAHL.



*[Handwritten Signature]*  
\_\_\_\_\_  
NOTARY PUBLIC

COPY

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

DIVISION OF HEALTH

STATE OF NEVADA VITAL STATISTICS DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

**CERTIFICATE OF DEATH**

20010008932

Altered

ROLL 104 IMAGE 112  
LOCAL FILE NUMBER

1713

STATE FILE NUMBER

1. DECEASED—NAME First Middle Last <b>Lillian Edith STAHL</b>			DATE OF DEATH (Month, Day, Year) <b>2 July 13, 2001</b>		COUNTY OF DEATH <b>3a. Washoe</b>
2a. CITY, TOWN OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not other, give street and number) <b>Select Specialty Hospital</b>		4. SEX <b>Female</b>	5. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Inpatient 5</b>
6. RACE—(e.g. White, Black, American Indian, etc.) (Specify) <b>White</b>	7. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. <b>B.</b>	8. AGE—Last Birthday (Years) <b>78</b>	9. UNDER 1 YEAR a. MOS : DAYS <b>7a.</b>	10. UNDER 1 DAY b. HOURS : MINS <b>7c.</b>	11. DATE OF BIRTH (Mo., Day, Yr.) <b>April 9, 1923</b>
12. STATE OF BIRTH: (If not U.S.A., name country) <b>Massachusetts</b>	13. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	14. Decedent's Education. Specify highest grade completed. <b>12</b>	15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		16. SURVIVING SPOUSE (If wife, give maiden name) <b>Ernest Eli Stahl</b>
17. SOCIAL SECURITY NUMBER <b>6006</b>		18. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Homemaker</b>		19. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
20. RESIDENCE—STATE <b>Nevada</b>	21. COUNTY <b>Douglas</b>	22. CITY, TOWN, OR LOCATION <b>Gardnerville</b>		23. STREET AND NUMBER <b>APT #1 1389 Village Way</b>	24. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
16. FATHER—NAME First Middle Last <b>Harry Bates</b>			17. MOTHER—MAIDEN NAME First Middle Last <b>Ethel Benansky</b>		
18. INFORMANT—NAME (Type or Print) <b>Ernest Eli Stahl</b>			19. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>1389 Village Way, APT. #1, Gardnerville, NV 89410</b>		
20. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/Burial</b>		21. CEMETERY OR CREMATORY—NAME <b>Mount Sinai Memorial Park</b>		22. LOCATION City or Town State <b>Los Angeles, CA</b>	
23. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Carol D. Higgins</i>		24. FUNERAL DIRECTOR LICENSE NUMBER <b>20</b>		25. NAME AND ADDRESS OF FACILITY <b>Reno Memorial, 253 E. Arroyo, Reno, Nevada 89502</b>	
26. To be completed by CERTIFYING PHYSICIAN 26a. To the best of my knowledge, death occurred in the time, date and place and due to the cause(s) stated. (Signature and Title) <i>C. Held</i>			27. To be completed by CORONER 27a. 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) and manner stated. (Signature and Title) <i>C. Held</i>		
28. DATE SIGNED (Mo., Day, Yr.) <b>7/16/01</b>		29. HOUR OF DEATH <b>1125</b>		30. PRONOUNCED DEAD (Mo., Day, Yr.) <b>22</b>	
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>C. HELD</b>			32. LICENSE NUMBER <b>236 W 6TH RENO</b>		33. LICENSE NUMBER <b>375U</b>
34. REGISTRAR (Signature) <i>Sandy Anthony</i>		35. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>July 17, 2001</b>		36. DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
37. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART (a) <b>ARTERIOSCLEROTIC CARDIOPASC DIS</b>				Interval between onset and death <b>YEAR</b>	
PART (b) <b>CORONARY ARTERY BYPASS SURGERY</b>				Interval between onset and death <b>WEEKS</b>	
PART (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.					
38. ACC. SUICIDE, HON. UNDET. OR PENDING INVEST. (Specify) <b>28a.</b>		39. DATE OF INJURY (Mo., Day, Yr.) <b>28b.</b>		40. HOUR OF INJURY <b>28c.</b>	
41. INJURY AT WORK (Specify Yes or No) <b>28e.</b>		42. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>28f.</b>		43. DESCRIBE HOW INJURY OCCURRED <b>28d.</b>	
44. LOCATION <b>28g.</b>		45. STREET OR R.F.D. No. <b>28h.</b>		46. CITY OR TOWN <b>28i.</b>	
47. STATE <b>28j.</b>					

Information corrected, State Affidavit #38220, 10/15/01. **No. 181403**  
Item #17. Ethel Penansky

STATE REGISTRAR  
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:

**JUL 15 2010**

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

STATE REGISTRAR



BK- 0710  
PG- 3928  
0767365 Page: 3 OF 3 07/21/2010