

APN# 1320-07-801-046

Recording Requested by/Mail to:

Name: Kelly L. Tillson, Esq.

Address: 589 Tahoe Keys Blvd., Suite E4

City/State/Zip: South Lake Tahoe, CA 96150

Mail Tax Statements to:

Name: Randy S. Graham

Address: 2974 Nevada Avenue

City/State/Zip: South Lake Tahoe, CA 96150



SHAWNYNE GARREN, RECORDER

Affidavit - Death of Joint Tenant

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)



Signature

KELLY L. TILLSON

Printed Name

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

Document Transfer Tax \$ -0-
Assessor's Parcel No.: 1320-07-801-046

WHEN RECORDED MAIL TO:

Randy Graham
2974 Nevada Avenue
South Lake Tahoe, CA 96150

MAIL TAX STATEMENTS TO:
Same as Above

The grantor declares:
Documentary transfer tax is \$ -0-
 computed on full value of property conveyed,

AFFIDAVIT--DEATH OF JOINT TENANT

RANDY GRAHAM, of legal age, being first duly sworn, deposes and says:

That KARRIE GRAHAM, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as is named as one of the parties in that certain deed dated February 29, 2016, executed by William L. Garrison and Jenny Garrison, Husband and Wife as Joint Tenants to RANDY GRAHAM and KARRIE GRAHAM, husband and wife as joint tenants, recorded on February 29, 2016, as Instrument Number 2016-877432 of Official Records of Douglas County, Nevada, covering the described property situated in the County of Douglas, State of Nevada, described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND BY REFERENCE MADE A PART HEREOF

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

Dated: 8-8-2024


RANDY GRAHAM

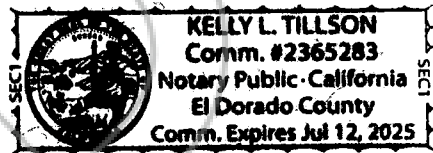
JURAT

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 EL DORADO)

Subscribed and sworn to (or affirmed) before me on this 8th day of August, 2024,
by RANDY GRAHAM, proved to me on the basis of satisfactory evidence to be the person who
appeared before me.

Kelly Tillson



AFFIDAVIT- DEATH OF JOINT TENANT
APN: 1320-07-801-046

EXHIBIT "A"
LEGAL DESCRIPTION

A parcel of land located within a portion of Section 7, Township 13 North, Range 20 East, MDM, Douglas County, Nevada, beginning more particularly described as follows:

BEGINNING at the Southeast corning of Unit 2-1 as shown on Record of Survey #3 for Genoa General Storage recorded as Document # 2015-859264 of the Douglas County Recorder's Office, which bears N. 30°23'41" W., 271.81' from the Southeast corner of Lot 2 as shown on said Record of Survey;

thence N 89°53'00" W, 52.00';
thence N 00°07'00" E, 48.00';
thence S 89°53'00" E, 52.00';
thence S 00°07'00" W, 48.00' to the POINT OF BEGINNING.

Containing 2,496 square feet, more or less.

Basis of Bearing:

Easterly line of Parcel 4B as shown on the Parcel Map for Ronald F. Thaheld and Fred H. Thaheld, Recorded as Document #111959 of the Douglas County Recorder's Office. (N. 00°07'00" E.).

PREPARED BY:

Richard E. Stein, P.L.S. # 16932
1038 NW 32nd Street
Corvallis, OR 97330
(541) 602-2879

AFFIDAVIT- DEATH OF JOINT TENANT
APN: 1320-07-801-046

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4332251

CERTIFICATE OF DEATH

2023002681
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

Removal/Burial

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) Karrie Alison GRAHAM | | 2. DATE OF DEATH (Mo/Day/Year) January 29, 2023 | | 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 Female | | 5 RACE (Specify) White | | 6 Hispanic Origin? Specify No - Non-Hispanic | |
| 7a. AGE-Last birthday (Years) 63 | | 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MINS | |
| 8. DATE OF BIRTH (Mo/Day/Yr) June 16, 1959 | | 9a. STATE OF BIRTH (If not US/CA, name country) California | | 9b. CITIZEN OF WHAT COUNTRY United States | |
| 10 EDUCATION 18 | | 11. MARITAL STATUS (Specify) Married | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Randy GRAHAM | |
| 13 SOCIAL SECURITY NUMBER ██████-6290 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Business Owner | | 14b. KIND OF BUSINESS OR INDUSTRY RESTAURANT | |
| 15a. RESIDENCE - STATE California | | 15b. COUNTY El Dorado | | 15c. CITY, TOWN OR LOCATION South Lake Tahoe | |
| 15d. STREET AND NUMBER 2974 Nevada Ave | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | Ever in US Armed Forces? No | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Thomas REYNOLDS | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Barbara NOKES | | |
| 18a. INFORMANT- NAME (Type or Print) Randy GRAHAM | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2974 Nevada Ave South Lake Tahoe, California 96150 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial | | 19b. CEMETERY OR CREMATORY - NAME Oakwood Memorial Park | | 19c. LOCATION City or Town State Santa Cruz California 95065 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) STEPHANIE J SHAPIRO | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD981 | | 20c. NAME AND ADDRESS OF FACILITY Mountain View Mortuary PO Box 5158 Reno NV 89513 | |
| 21. TRADE CALL - NAME AND ADDRESS Santa Cruz Memorial 1927 Ocean St. Santa Cruz CA 95060 | | | | | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) BETHANY L ADAMS APRN | | | 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 10, 2023 | | 21c. HOUR OF DEATH 02:28 | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) | | 22c. HOUR OF DEATH | |
| 22e. PRONOUNCED DEAD AT (Hour) | | 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Bethany L Adams APRN 1155 Mill Street Reno, NV 89502 | | | |
| 23b. LICENSE NUMBER APRN828531 | | 24a. REGISTRAR (Signature) BLAIR J HEDRICK | | | |
| 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 10, 2023 | | 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) Acute Respiratory Failure | | | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | |
| (b) Pulmonary Emboli | | | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | |
| (c) Metastatic Pancreatic Cancer with metastatic disease to lungs | | | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | |
| (d) Unknown Etiology | | | | 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.

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED: **2/10/2023** This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE