AFFIDAVIT - DEATH OF JOINT TENANT

GRANTEE ADDRESS: A.P.N. 14-601-42

8 THURSTON WAY
YERINGTON NV
89447

I, BIRDELLA L. OHL, of legal age, being first duly sworn, depose and say:

That ROBERT D. OHL the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as ROBERT OHL named as one of the parties in that certain DEED dated DEC 22, 1994, executed by WILLIAM WOLLESEN-WILLIAM WOLESEN HARRIET WOLLESEN to ROBERT OHL BIRDELLA OHL as Joint Tenants, recorded as Instrument No. 178210 on 12-27-1994, in the Official Records of Lyon County, Nevada, covering the real property situate in the County of Lyon, State of Nevada, described as follows:

A portion of the Southeast 1/4 of the Northwest 1/4 of Section 9 Township 13 North, Range 26 East, M.D.B.&M., being a division of Parcel 4 as shown on that certain Parcel Map recorded for William Wollesen on March 8, 1990 as File No. 131642 being further described as follows:

Parcel 4B as shown on that certain Parcel Map for William Wollesen recorded on August 26, 1993 as Document No. 164009, Lyon County Official Records.

Signed : Birdella L Ohl
BIRDELLA L. OHL
(print name above)

STATE OF Nevada
COUNTY OF Lyon
Signed and sworn to before me on 10-18-00 by Birdella L. OHL

253789

Kathy G. Hayden
Signature of Notary

KATHY A. HAYDEN
Notary Public - State of Nevada
Appointment Recorded in Lyon County
No. 92-3277-12 - Expires August 1, 2003

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS
Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

ROLL 101 IMAGE 107

CERTIFICATE OF DEATH

LOCAL FILE NUMBER 1836

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEDENT'S NAME — First: Robert; Middle: D.; Last: OHL
2. DATE OF DEATH (Month, Day, Year): August 14, 2000
3a. COUNTY OF DEATH: Washoe
3b. CITY, TOWN OR LOCATION OF DEATH: Reno
3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number): Veterans Affairs Medical Center
3d. If Hosp. or Inst. indicate DOA, OP, Emer. Rm, Inpatient (Specify): Inpatient
4. SEX: Male
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify): White
6. Was Decedent of Hispanic Origin? Specify ☐ yes ☐ no If yes, specify Mexican, Cuban, Puerto Rican, etc.
7a. AGE—Last Birthday (Years): 71
7b. UNDER 1 YEAR — MOS. DAYS
7c. UNDER 1 DAY — HOURS MINS
8. DATE OF BIRTH (Mo., Day, Yr.)
9a. STATE OF BIRTH (If not U.S.A., name country): Iowa
9b. CITIZEN OF WHAT COUNTRY: U.S.A.
10. Decedent's Education. Specify highest grade completed: 6
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
12. SURVIVING SPOUSE (If wife, give maiden name): Birdella L. Camren
13. SOCIAL SECURITY NUMBER:
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired): Farmer
14b. KIND OF BUSINESS OR INDUSTRY: Farming

IF DEATH OCCURRED IN HOSPITAL SEE INSTRUCTIONS PERTAINING COMPLETION OF RESIDENCE ITEMS

15a. RESIDENCE—STATE: Nevada
15b. COUNTY: Lyon
15c. CITY, TOWN, OR LOCATION: Yerington
15d. STREET AND NUMBER: 8 Thurston Way
15e. INSIDE CITY LIMITS (Specify Yes or No): Yes

PARENTS

16. FATHER—NAME — First: Ora; Middle:; Last: Ohl
17. MOTHER—MAIDEN NAME — First: Irma; Middle: Jean; Last: Duffield
18a. INFORMANT—NAME (Type or Print): Birdella L. Ohl
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 8 Thurston Way, Yerington, NV 89447

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation
19b. CEMETERY OR CREMATORY—NAME: Truckee Meadows Crematory
19c. LOCATION — City or Town: Sparks; State: Nevada
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such): Carol D. Higgins
20b. FUNERAL DIRECTOR LICENSE NUMBER: 20
20c. NAME AND ADDRESS OF FACILITY: Reno Memorial, 253 E. Arroyo, Reno, NV 89502

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title): Brendan Smith M.D.
21b. DATE SIGNED (Mo., Day, Yr.): AUGUST 15, 2000
21c. HOUR OF DEATH: 0726
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

To be completed by Coroner's Office

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) and manner stated. (Signature and Title):
22b. DATE SIGNED (Mo., Day, Yr.):
22c. HOUR OF DEATH:
22d. PRONOUNCED DEAD (Mo., Day, Yr.) CN:
22e. PRONOUNCED DEAD (Hour) AT:

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print): BRENDAN SMITH, 1000 LOCUST STREET, RENO, NEVADA 89502
23b. LICENSE NUMBER: 6474

24a. REGISTRAR (Signature): Sandy Antunez Dep.
24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): August 15, 2000
24c. DEATH DUE TO COMMUNICABLE DISEASE: YES ☐ NO ☒

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I
(a) LYMPHOMA — Interval between onset and death: 5 MONTHS
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

PART II
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.
26. AUTOPSY (Specify Yes or No): NO
27. WAS CASE REFERRED TO CORONER (Specify Yes or No): NO

28. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.
29. DATE OF INJURY (Mo., Day, Yr.)
30. HOUR OF INJURY
31. DESCRIBE HOW INJURY OCCURRED
32. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
33. LOCATION — STREET OR R.F.D. No. — CITY OR TOWN — STATE

No. 168507

This is to certify that the above is a true and legal copy of the certificate on file in this office.
STATE REGISTRAR

Deputy Registrar: Sandy Antunez — 253789 — Date: AUG 17 2000

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

253789

OFFICIAL RECORDS
LYON COUNTY, NEV.
RECORD REQUESTED BY
BIRDELLA L. OHL,

00 OCT 23 AM 11: 08

MARY C. HILLIGAN
COUNTY RECORDER

FEE 9.00 DEP. ES