DOC # 422245
03/11/2008 10:47:00
Official Record
Requested By
FRREDERICK SELLERS
Lyon County - NV
Mary C. Milligan - Recorder
Page 1 of 3 Fee $16 00
Recorded By BB RPTT

0422245

APN 14-601-42

Mail Tax Bill To:
Grantee
10 Thurston Way
Yerington, NV 89447

The undersigned hereby affirms that this document submitted for recording contains the social security number of a person or persons as required by law NRS 440 380 (1) (A) and 40 525 (5)

SPACE ABOVE FOR RECORDER'S USE ONLY

AFFIDAVIT DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss.
COUNTY OF LYON)

FREDERICK E. SELLERS of legal age, being first duly sworn, deposes and says:
THAT the deceased mentioned in the attached certified copy of Certificate of Death, is the same person as BIRDELLA OHL named as one of the parties in that certain Grant Deed dated 10-18-2000 executed by BIRDELLA OHL to BIRDELLA OHL & FREDERICK E SELLERS as Joint Tenants and recorded in the Official Records of Lyon County, Nevada, on OCT 23, 2000 as No 253790 and covering all of that certain real property 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.

Dated 3/11/08

Frederick E. Sellers
FREDERICK E. SELLERS

STATE OF NEVADA)
) ss.
COUNTY OF LYON)

Subscribed and Sworn to before me on March 11, 2008, by FREDERICK E. SELLERS.

Stephanie L Jackson
Notary Public

STEPHANIE L JACKSON
Notary Public - State of Nevada
Appointment Recorded in Lyon County
No 97-3155-12 - Expires August 25, 2009

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

ROLL 104 IMAGE 359

LOCAL FILE NUMBER 1888

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEDENT—NAME First: Birdella Middle: Lucinda Last: OHL

2 DATE OF DEATH (Month, Day, Year): August 2, 2001

3a COUNTY OF DEATH: Washoe

3b CITY TOWN OR LOCATION OF DEATH: Sparks

3c HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number): 1391 Coachman Drive

3e If Hosp. or Inst. indicate DOA, OP/Emer Rm Inpatient (Specify)

4 SEX: Female

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): 63

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): Kansas

9b CITIZEN OF WHAT COUNTRY: U.S.A.

10 Decedent's Education Specify highest grade completed: 9

11 MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify): Widowed

12 SURVIVING SPOUSE (If wife give maiden name)

13 SOCIAL SECURITY NUMBER

14a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life Even if Retired): Homemaker

14b KIND OF BUSINESS OR INDUSTRY: Own Home

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

15a RESIDENCE—STATE: Nevada

15b COUNTY: Washoe

15c CITY TOWN OR LOCATION: Sparks

15d STREET AND NUMBER: 1391 Coachman Dr.

15e INSIDE CITY LIMITS (Specify Yes or No): Yes

PARENTS

16 FATHER—NAME First: Frederick Middle: Camren Last:

17 MOTHER—MAIDEN NAME First: Mildred Middle: Last: Taylor

18a INFORMANT—NAME (Type or Print): Birdella Cordova

18b MAILING ADDRESS (Street or R F D No City or Town, State Zip): 17 Devera Lane, 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): Carroll 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)

21b DATE SIGNED (Mo Day Yr): 8/7/01

21c. HOUR OF DEATH: 0815

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) ON

22e. PRONOUNCED DEAD (Hour) AT

23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print): Dr. Edward Rose 1200 Mountain St., Carson City, NV 89703

23b. LICENSE NUMBER: 5034

24a. REGISTRAR (Signature): Sandy Arturen Dep.

24b. DATE RECEIVED BY REGISTRAR (Mo. Day Yr): August 8, 2001

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) Carcinoma of Lung

DUE TO OR AS A CONSEQUENCE OF

(b)

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): Yes

28a ACC SUICIDE, HOM., UNDET., OR PENDING INVEST (Specify)

28b DATE OF INJURY (Mo., Day, Yr.)

28c HOUR OF INJURY M

28d DESCRIBE HOW INJURY OCCURRED

28f INJURY AT WORK (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

422245 03/11/2008 003 of 3

No. 181460

STATE REGISTRAR

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

Deputy Registrar: Barbara Lee Hunt Date AUG 15 2008

WARNING IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT