EUREKA COUNTY, NV LAND-TJT Rec:\$37.00 Total:\$37.00

2021-245210 06/18/2021 03:17 PM

Pas=4

MARILYN E. KUENZLI-HOWELL



LISA HOEHNE, CLERK RECORDER

A. P. No. 005-440-01

When recorded mail to:
Marilyn E. Kuenzli-Howell
265 E. Laramie Drive
Reno, NV 89521

AFFIRMATION PURSUANT TO NRS 111.312(1)(2) AND 239B.030(4)

The undersigned, hereby affirm that this document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by the following: NRS 440.380.

AFFIDAVIT OF SURVIVING JOINT TENANT

| STATE | OF | NEVADA |) |
|--------|----|--------|------|
| | | - |) ss |
| COUNTY | OF | WASHOE | |

- I, MARILYN E. KUENZLI-HOWELL, formerly known as MARILYN E. KUENZLI, do hereby swear (or affirm) under penalty of perjury that the assertions of this Affidavit are true, towit:
- 1. That I am over the age of eighteen years and legally competent to make and execute this affidavit.
- 2. That I am the surviving joint tenant of JOHN F. KUENZLI, II.
- 3. That JOHN F. KUENZLI, II, also known as JOHN FREDRIC KUENZLI, II is now deceased, having died in Sonoma County, State of California, on April 6, 1990. Attached hereto is a certified copy of the Certificate of Death of JOHN FREDRIC KUENZLI, II, which has been duly filed in the Vital Records of Santa Rosa, County of Sonoma, State of California. That your affiant expressly incorporates said Certificate of Death in this affidavit.
- 4. That during the lifetime of JOHN FREDRIC KUENZLI, II, he and the undersigned affiant were owners of an

undivided one half (1/2) interest, in joint tenancy, under a Deed recorded June 12, 1981, Document No. 80705, Official Records, Eureka County, Nevada, of that certain real property situate in Eureka County, State of Nevada, more particularly described as follows:

Township 29 North, Range 48 East, M.D.B.&M.

Section 13: Northeast 1/4 Northeast 1/4 Northwest 1/4

EXCEPTING THEREFROM all petroleum, oil, natural gas and products derived therefrom in and under said land, reserved by Southern Pacific Land Company, a corporation, in Deed recorded September 24, 1951, in Book 24, Page 168, in Deed Records, Eureka County, Nevada.

NOTE (NRS 111.312): The above metes and bounds appeared previously in that certain Document No. 0211920, Official Records, Eureka County, Nevada.

5. That by reason of the demise of JOHN FREDRIC KUENZLI, II, the undersigned affiant is the sole owner of an undivided one half (1/2) interest, under the Deed on the above-described property.

DATED: June 15, 2021.

Marilyn E. Kuenz Vi-Howell

STATE OF NEVADA

COUNTY OF WASHOE

SS

Signed and sworn to (or affirmed) before me on NF 15 , 2021, by MARILYN E. KUENZLI-HOWELL.

Notary Public

MAYRA GUTIERREZ

Notary Public - State of Nevada

Appointment Recorded in Washoe County
No: 14-12751-2 - Expires March 17, 2024



COUNTY OF SONOMA

SANTA ROSA, CALIFORNIA

| CERTIFICATE OF DEATH 49-001173 | | | | | | | | | |
|--------------------------------|---|--|--|--|--|--|--|--|--|
| | CTATE EUR NUMARRO | | | | | | | | |
| | STATE FILE NUMBER | 1B. MIDDLE | IC. LAST (FAMILY) | | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER 2A. DATE OF DEATH-MO, DAY, YR, 2B. HOUR 3. SEX | | | | |
| | (GIVEN) | | | | DESTINATION DATE IN LESS HOURS | | | | |
| | John | Fredric | Kuenzli, II | | 1990 FD 1530 Ma | | | | |
| | 4. RACE | 5. SPANISH/HISPANICSPECIFY | 6. DATE OF BIRTI | H-MO, DAY, YR 7. AGE IN YEARS | IF UNDER 1 YEAR IF UNDER 24 HOURS | | | | |
| | White | YES | X No July 21. I | | | | | | |
| DECEDENT | 8. STATE OF 9. CITIZEN OF WHAT | 10A. FULL NAME OF FA | THER 108. ST | ATE OF 11A. FULL MAIDEN | | | | | |
| PERSONAL | BIRTH COUNTRY | | - Side II Side | | BIRTH | | | | |
| DATA | NV USA 12. MILITARY SERVICE? 113. | John Fredric I | VUENZII IIL | Marilouise | DONG LL | | | | |
| | TE MICHARI SERVICET | | | -4.7 | | | | | |
| | 19 TO 19 X NONE | All the state of t | Married | <u> Marilyn Mac</u> | | | | | |
| | 16A. USUAL OCCUPATION | 168. Usual Kind of Business OR INDUSTRY | 16C. USUAL EMPLOYER | 16D, YEARS IN OCCUPATION | 17. EDUCATION—YEARS COMPLETE | | | | |
| | Owner/Operator | Mechanical Contra | Self Employ | And the second of the second o | 16 | | | | |
| | 18A. RESIDENCE-STREET AND NUMBER | | | 1 98. Cm | 18C. ZIP CODE | | | | |
| | | | 1 of 2 | | 00500 | | | | |
| USUAL | 2805 Thomas Jefferso | | <u> </u> | Reno | 189509 | | | | |
| RESIDENCE | 18D. COUNTY | 18E. NUMBER OF 1 | TY STATE OR FOREIG | | TIONSHIP, MAILING ADDRESS DE OF INFORMANT | | | | |
| | Washoe | 47 | Nevada | Marilyn | Kuenzli - Wife | | | | |
| | 19A. PLACE OF DEATH | | SPECIFY 19C COUNTY | TL 1871 W | omas Jefferson Drive | | | | |
| PLACE | Country Board | ONE IP, ER/O | | | vada 89509 | | | | |
| OF | County Road | NUMBER OF LOCATION 19 | Sonoma | THE INTERVAL | 22. WAS DEATH REPORTED TO CORONER | | | | |
| DEATH | | | | BETWEEN ONSET | REFERRAL NUMBER | | | | |
| | Skaggs Springs Rd, E/ | Annapolis Rd 🕕 | Annapolis | AND DEATH | 1 LX YES 90 - 0460 LIN | | | | |
| | 21. DEATH WAS CAUSED BY: (ENT | er only one cause per l | INE FOR A. B. AND C) | | 23. WAS BIOPSY PERFORMED? | | | | |
| | CAUSE (A) INVEST | IGATION PENDIN | 1 G | | YES X NO | | | | |
| CAUSE | | | | | 24A. WAS AUTOPSY PERFORMED? | | | | |
| OF | DUE TO ((B) | | | | X YES NO | | | | |
| DEATH | DUE TO) (B) | | | | ZI YES NO 24B, WAS IT USED IN DETERMINING CAUS | | | | |
| | | | | | OF DEATH? | | | | |
| | DUE TO ((C) | | | | X YES NO | | | | |
| | 25. OTHER SIGNIFICANT CONDITIONS CO | NTRIBUTING TO DEATH BUT NOT | RELATED TO CAUSE GIVEN IN 21 | 26. WAS OPERATION PERFO | rmed for Any Condition in Item 21 or 25 Fration and date. | | | | |
| | | | The state of the s | | • | | | | |
| | I CERTIFY THAT TO THE BEST OF MY KN OCCURRED AT THE HOUR, DATE AND PL | | nature and Degree or Title | OF PHYSICIAN 27C. PHYSICI | IAN'S LICENSE NUMBER 27D. DATE SIGNE | | | | |
| PHYSI- CIAN'S | CAUSES STATED. | | | | į | | | | |
| CERTIFICA- | 27A. DECEDENT ATTENDED SINCE DECE MONTH, DAY, YEAR | DENT LAST SEEN ALIVE 27E. TY | PE ATTENDING PHYSICIAN'S | NAME AND ADDRESS | <u> </u> | | | | |
| TION | 1 | | | MC and the second | | | | | |
| | | | an marifal en | | | | | | |
| | I CERTIFY THAT IN MY OPINION DEATH THE HOUR, DATE AND PLACE STATED F | | SNATURE AND TITLE OF CORONE | ER OR DEPUTT CORONER | 28B. DATE SIGNED | | | | |
| - / · · · | STATED. | | town I will | - chief D | ED. COP, 14-7-70 | | | | |
| CORONER'S | 29. MANNER OF DEATH—specify one: nature suicide, homicide, pending investigation or could not | | LIURY | 308. INJURY AT WOR | MONTH, DAY, YEAR | | | | |
| ONLY | Pending Investigation | DC UCLEARMINED | | YES NO | , i | | | | |
| 0.1.2. | 32. LOCATION (STREET AND NUMBER OF | LOCATION AND CITY) | 33. DE | SCRIBE HOW INJURY OCCURRE | D (EVENTS WHICH RESULTED IN INJURY) | | | | |
| | | 0 | | | | | | | |
| | 34A. DISPOSITION(S) 34B. PLACE C | E SINIA SUSPECTION MANS AND | D ADDRESS 34C. D | 254 6000 | URE OF EMBALMER 35B. LICENSE | | | | |
| FUNERAL | Mounta | F FINAL DISPOSITION—NAME AND IN VIEW Cemetery | ADDRESS SAC. D | 10, DAY, YEAR | URE OF EMBALMER 35B. LICENSE NUMBER | | | | |
| DIRECTOR | IR/BU i Reno. N | levada | iApr | 12 1990 1/ Bre | O. WestER! 7526 | | | | |
| LOCAL | 36A. NAME OF FUNERAL DIRECTOR (OR F | ERSON ACTING AS SUCH) 368. | LICENSE NO. 37. SIGNATU | THE OF LOCAL PEGISTRAR | MA DOWN. 38. REGISTRATION DA | | | | |
| REGISTRAR | Walton Funeral Home- | Reno Nevada | 16 Den | ye K Odoreel' | APR 0 9 1990 | | | | |
| STATE | A. B. | c. | D. E. | F . | CENSUS TRACT | | | | |
| REGISTRAR | | | | | | | | | |
| 0410 | 99) | MAKE NA FEJERAZI | HATERIAN DALOFIE OF | PATIONS | | | | | |
| 0410 | 36 | | THE SELECTION OF THE PROPERTY | | | | | | |
| OILU | STATE OF CALIFOR | > 55 | SELED MAY 0.9 | 1000 | | | | | |
| | COUNTY OF SONO | | SSUED WAT U.S | 1330 | M. O. S. Summingument | | | | |
| /在二年 | This is a true and exact r | eproduction of the document offici | ally registered and | 1 1000 | MO SERVINE | | | | |
| | | al Boords Costion Conoms Co. | t. Dublic Hardy | 1 4020 | | | | | |

LOCAL REGISTRAR SONOMA COUNTY, CALIFORNIA

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE?



COUNTY OF SONOMA

SANTA ROSA, CALIFORNIA



AMENDMENT OF MEDICAL AND HEALTH SECTION DATA—DEATH

| CYATE CH | E NUMBER | U | SE BLACK INK ONLY-MAKE | NO ERASURES, WHITEOI | UT, OR OTHER ALTER | LATIONS | 49-001173 | |
|------------------------------------|--|--|----------------------------|--|--|--------------------------------------|----------------------------|---------------------|
| STATE FIL | 1A. NAME-FIRST | T (GIVEN) | 1B. MIDDLE | | | 1C. LAST (FAMILY) | ISTRATION DISTRICT AND | |
| IDENTIFICATION OF THE RECORD | | · (GIVEIN) | | | With the same of t | | \ \ | 2. SEX |
| | JOHN | | | DRIC | AND STREET | KUENZLI, II | | Male |
| | | NT-MONTH, DAY, YEAR | 4A CITY OF OCCURR | ENCE | 48. COUNTY OF | OCCURRENCE 5. | DATE ORIGINAL FILE | |
| | April 6. | 1990 FD | Annapoli | | Sonoma | | Apr. 9, 1 | .990 |
| | INCORRECT INFORMATION ON ORIGINAL CERTIFICATE | | | | | | | |
| | 1 | AS CAUSED BY: /(E | INTER ONLY ONE CAUS | E PER LINE FOR A. | B, AND C) | TIME BETWEEN ONSET & DEATH | 22. WAS DEATH BEPO | RTED TO CORONER? |
| | IMMEDIATE (A | u 1/6 | INVESTIGATI | ON PENDIN | VG | | X YES REFER | RRAL NUMBER NO |
| | (| | | | | | | XI NO |
| | DUE TO (B | | // M | | 2012 | | 24A. WAS AUTOPSY | |
| INCORRECT | | | | 's 17 2 5 | | | — 【X YES | IJ № |
| INFORMATION | DUE TO (C | . # / . // | | | TO DESCRIPTION OF THE PROPERTY OF THE PERSON | | Z4B. WAS IT USED II | N DETERMINING CAUSE |
| ON ORIGINAL CERTIFICATE | | | O DEATH BUT NOT RELATED TO | ALISE CINEN IN 21 | 128 5 | S OPERATION PERFORMED FOR ANY C | L-AYES | L_I NO |
| OCKTIFICATE | | | 4 // | | , — — — — · · · · · · · · · · · · · · · | PE OF OPERATION AND DATE | ORDITION IN THEM 21 OF 25? | IF 165, CIS1 |
| | 29 MANNER OF DEA | | 30A, PLACE OF INJURY | | 1200 | 1944 | | Toe. |
| | ACCIDENT, SUICE | ATH-SPECIFY ONE NATURAL DE HOMICIDE, PENDING DE COULD NOT, SE DETERMINED INVESTIGATION | A PAGE OF INJURY | AND THE PERSON NAMED IN COLUMN | JOURN | AT WORK 30C. DATE OF MULRY | MONTH, DAY, YEAR | 31. HOUR |
| | Pending | Investigation | | | □ VES | | | <u>L </u> |
| | 32. LOCATION (STREE | ET AND NUMBER OF LOCATION A | NO CIM | 33. Desi | CRIBE HOW INJURY OCEL | MIRED (EVENTS WHICH RESULTED IN IN | WURY) | |
| | | | | | | <u>raji nija</u> | | |
| | | | | RMATION AS IT | | | | |
| | 21. DEATH W | AS CAUSED BY: (E | NTER ONLY ONE CAUS | ë per line for A. | B. AND C) | TIME BETWEEN ONSET & DEATH | | -0460 PORONER |
| | CAUSE (A | u Blunt force | chest and he | ad injuries | 1 1 | Unk | 23. WAS BIOPSY PERI | RRAL NUMBER NO |
| | \ | | 1/4 | | | 7 7 7 7 7 | ¬ | XI NO |
| | DUE TO (8 |) None | | t bravie | 141 // | | 24A. WAS AUTOPSY | PERFORMED? |
| INFORMATION | l | | | <u> </u> | | | - X _{YES} | □ <u>no</u> |
| INFORMATION AS IT SHOULD | DUE TO (C | None None | | | WA. | | ZYES 248. WAS IT USED I | N DETERMINING CAUSE |
| BE STATED | | | O DEATH BUT NOT RELATED TO | AUSE GIVEN IN 21 | 28 wi | S OPERATION PERFORMED FOR ANY C | | |
| _ | 26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 or 257 IF YES, LIST TYPE OF OPERATION AND DATE. | | | | | | | |
| | Coronary atherosclerosis, severe, occlusive (LAD) 29. MANNER OF DEATH-SPECIFY ONE NATURAL 30A. PLACE OF INJURY 31., HOUR BETW | | | | | | | |
| | ACCIDENT, SUICE INVESTIGATION OF | DE, HOMICIDE, PENDING OR COULD NOT BE DETERMINED | | | JOB. ROCK | ! | MONTH, DAY, YEAR | 1400 hrs |
| | Acci | ident | County | Road | YES | | | 1530 hrs |
| | W/B Stev | varts Point - | Skäggs Spring | s Rd Briv | cribe how injury occu er - sport: | ARED LEVENTS WHICH RESULTED IN TO | of speed, lo | st control |
| -//- | 1.2 mile | E/Annapolis | Rd., Annapolis | on c | urve wen | t over cliff | | |
| / / | 6. I. THE CE | ERTIFYING PHYSICIA | N OR CORONER | 7A. SIGNATURE OF | PHYSICIAN OR CO | ORONER | 1 | TE SIGNED |
| DECLARATION | HAVING | PERSONAL KNOWL | EDGE OF SUP- | D // - 2/€ | za du | Chief Dep. (| | 7-90 |
| OF CERTIFYING | | NL INFORMATION N ORMATION ORIGINA | | BA. NAME OF PHYS | SIČIAN OR CORON | ER (TYPE OR PRINT) | 88. DE | GREE OR TITLE |
| PHYSICIAN | | UNDER PENALTY O | | Dick Micha | elsen. She | riff-Coroner | Cc | roner |
| OR CORONER | THE ABOV | E INFORMATION IS | TRUE AND COR- | 8C. ADDRESS-STR | EET AND NUMBER | riff-Coroner I OR LOCATION, CITY AND | STATE | |
| | MECT 10 | THE BEST OF MY K | NOWLEDGE. | 600 Admini | stration D | rive, Santa Ros | a. Californi | a |
| | 9A. SIGNATURE | OF STATE OR LOCAL R | EGISTRAR MA | O MO. | <u>ه</u> وا ۹8 | DATE ACCEPTED FOR REG | SISTRATION | |
| REGISTRAR USE ONLY | The same of the sa | | Derge KO | CouNIV | - | | MAY (|) 9 1990 |
| er 51420 | STATE OF CALI | FORNIA, DEPARTMENT | OF HEALTH SERVICES | OFFICE OF STATE | REGISTRAR | | | VS 948 may, 1/8 |
| *** | - | | CERTIFIED C | OPY OF VITAL | RECORDS | | | |
| 041012 | STAT | TE OF CALLEODNIA | | O. I O. VIIAL | LOOIIDG | | | |

COUNTY OF SONOMA

MAY 0 9 1990 DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Sonoma County Public Health

Seonge Ralores MD

LOCAL REGISTRAR SONOMA COUNTY, CALIFORNIA

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

