

OFFICIAL RECORD
Requested By:
DORANNA GLETTIG

RECORDING REQUESTED BY AND
WHEN RECORDED RETURN TO:
Doranna Glettig
P.O. Box 125
Markleeville, CA 96120-0125

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 2 Fee: 15.00
BK-0807 PG-05528 RPTT: 0.00



AFFIDAVIT - DEATH OF JOINT TENANT

Document being re-recorded to clarify marital status

APN: 1220-21-510-238

STATE OF CALIFORNIA)
) ss:
COUNTY OF ALPINE)

Doranna Glettig, of legal age, being first duly sworn, deposes and says:

That Sherman Layne Glettig, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Sherman L. Glettig named as the person in that certain Grant Deed, executed by Charles R. Keebaugh, a married man as his sole and separate property, as to an undivided half (1/2) interest; and Sherman L. Glettig, an unmarried man as to an undivided half (1/2) interest, as grantees, to Sherman L. Glettig, a married man who acquired title as an unmarried man, as to an undivided half (1/2) interest, and Doranna Glettig, a married woman, who acquired title as Doranna Tognotti, an unmarried woman, as to an undivided half (1/2) interest as Joint Tenants with rights of survivorship, dated August 12, 1986, in the Official Records of Gardnerville, Douglas County, State of Nevada, commonly known as 793 Wagon Drive, more particularly described as follows:

Lot 245, as shown on the map of Gardnerville Ranchos Unit No. 6, filed for record in the office of the County Recorder of Douglas County, Nevada, on May 29, 1973, as file No. 66512.

Dated: August 15, 2007.

Doranna Glettig
Doranna Glettig

SUBSCRIBED AND SWORN TO (or affirmed)

Before me on this 15th day of August, 2007, by Doranna Glettig, personally known to me or proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Patricia Lynn Arias
Notary Public



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of ALPINE
MARKLEEVILLE, CALIFORNIA

CERTIFICATE OF DEATH 320070200004

1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
SHERMAN		LAYNE		GLETTIG	
4. DATE OF BIRTH mm/dd/yyyy 5. AGE Yrs. 6. SEX					
01/25/1942		65		M	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
CA		[REDACTED]		NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> UNK <input type="checkbox"/>	
12. MARITAL STATUS/PROV. (at Time of Death)		7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hour)	
MARRIED		07/27/2007		1538	
13. EDUCATION - Highest Level (Grade)		14.16. WAS DECEDENT HISPANIC/LATIN/AMERICAN? (If yes, see worksheet on back)		18. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
HS GRADUATE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		[REDACTED]		WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		15. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
COPY MACHINE TECHNICIAN		REPAIR SERVICE		20	
20. DECEDENT'S RESIDENCE (Street and number, or location)					
606 PLEASANT VALLEY ROAD					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
MARKLEEVILLE		ALPINE		96120	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
23		CA		DORANNA GLETTIG - SPOUSE	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city, state and zip)					
P.O. BOX 125, MARKLEEVILLE, CA 96120					
28. NAME OF SURVIVING SPOUSE/PROV. - FIRST		29. MIDDLE		30. LAST (BIRTH NAME)	
DORANNA		JOYCE		HUARTSON	
31. NAME OF FATHER/PARENT - FIRST		32. MIDDLE		33. LAST	
HERMAN		[REDACTED]		GLETTIG	
34. BIRTH STATE		35. NAME OF MOTHER/PARENT - FIRST		36. MIDDLE	
KS		GWENDOLYN		[REDACTED]	
37. LAST BIRTH NAME		38. MIDDLE		39. BIRTH STATE	
MCDOWELL		[REDACTED]		MI	
39. DEPOSITION DATE mm/dd/yyyy 40. PLACE OF DEPOSITION					
08/07/2007		FREDRICKSBURG CEMETERY, 1300 FOOTHILL RD., FREDRICKSBURG, CA 96120			
41. TYPE OF DEPOSITION(S)					
CR/BU					
42. SIGNATURE OF EMBALLER					
NOT EMBALMED					
43. LICENSE NUMBER					
FD1180					
44. NAME OF FUNERAL ESTABLISHMENT					
MC FARLANE MORTUARY					
45. LICENSE NUMBER					
FD1180					
46. SIGNATURE OF LOCAL REGISTRAR					
Carol McElroy					
47. DATE mm/dd/yyyy					
08/03/2007					
101. PLACE OF DEATH					
RESIDENCE					
102. IF HOSPITAL, SPECIFY ONE:		103. IF OTHER THAN HOSPITAL, SPECIFY ONE:		104. CITY	
[REDACTED]		[REDACTED]		MARKLEEVILLE	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)					
606 PLEASANT VALLEY ROAD					
106. CAUSE OF DEATH					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
HEMOPERICARDIUM					
107. UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST					
RUPTURED MYOCARDIAL INFARCTION					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
ATHEROSCLEROTIC CARDIOVASCULAR AND HYPERTENSIVE DISEASE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)					
NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES SATED					
115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER		117. DATE mm/dd/yyyy	
[REDACTED]		[REDACTED]		[REDACTED]	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE					
[REDACTED]					
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES SATED					
MANNER OF DEATH		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
Natural <input checked="" type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>		[REDACTED]	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
[REDACTED]					
123. DESCRIBE HOW INJURY OCCURRED (Event which resulted in injury)					
[REDACTED]					
124. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
[REDACTED]					
125. SIGNATURE OF CORONER/DEPUTY CORONER		126. DATE mm/dd/yyyy		127. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	
[REDACTED]		8-03-07		SGT. A. RONALD MICHITARIAN	
STATE REGISTRAR		A B C D E		FAX AUTH#	
[REDACTED]		[REDACTED]		[REDACTED]	

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CAROL McELROY
Alpine County Recorder

Carol McElroy
DEPUTY



CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF ALPINE

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Alpine County Recorder.

DATE ISSUED 08/03/2007

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

