

Doc Number: **0820662**

03/26/2013 11:24 AM

OFFICIAL RECORDS

Requested By:
ROWE HALES YTURBIDE

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 4 Fee: \$ 17.00
Bk: 0313 Pg: 6756



Deputy: gb

RECORDING REQUESTED BY AND
MAIL TO:

✓ Betty F. Schmid
857 Tamarack Drive
Minden, NV 89423

Pursuant to NRS 239B.030(4), I affirm that
the instrument contained below (or attached hereto)
does contain the social security number
of any person.

AFFIDAVIT OF SURVIVING JOINT TENANT

BETTY F. SCHMID, being first duly sworn on oath, deposes and
states under the pains and penalties of perjury as follows:

1. That your affiant was married to **EUGENE FRITZ SCHMID**,
Deceased. Your affiant is the surviving spouse and joint tenant of
Eugene Fritz Schmid.

Your affiant and Eugene Fritz Schmid were married on 25
October 1984.

2. Your affiant and Eugene Fritz Schmid were grantees in
joint tenancy with right of survivorship pursuant to that certain
grant, bargain and sale deed dated 29 January 1988, and recorded 29
January 1988, in the official records of Douglas County, Nevada, as
Document No. 171739, Book 188, Page 3717.

The grantees in the grant, bargain and sale deed are one
and the same as your affiant and Eugene Fritz Schmid.

3. The joint tenancy property, with right of survivorship,

is located at 857 Tamarack Drive, Minden, Nevada. The property may be more specifically identified as:

Lot 2 in Block C as shown on the official map of Westwood Village Unit No. 1 filed for record in the office of the County Recorder of Douglas County, Nevada, on October 5, 1979, in Book 1079, Page 440, Document No. 37417, and Certificate of Amendment recorded July 14, 1980, in Book 780, Page 783, Document No. 46166, and Certificate of Amendment recorded January 31, 1991, in Book 191, Page 3820, Document No. 243938.

Eugene Fritz Schmid, affiant's joint tenant, died on 13 May 2012, in Douglas County, Nevada, and is the identical person named as the Deceased in that certain certified copy of the certificate of death attached hereto as Exhibit "A". The certified copy of the certificate of death is incorporated herein by this reference as if set forth in full.

4. That all of the property identified herein is now vested in your affiant, Betty F. Schmid, as of the date of the Decedent's death.

DATED this 15th day of March, 2013.

Betty F. Schmid
BETTY F. SCHMID

A C K N O W L E D G E M E N T

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

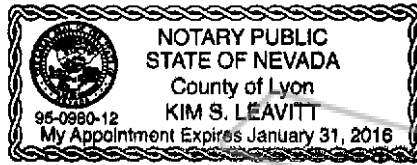
On March 15, 2013, before me, the undersigned, a Notarial Officer in and for said County and State, personally appeared BETTY F. SCHMID, known to me to be the person whose name

is subscribed to the within instrument and acknowledged that she executed the same.

This instrument was acknowledged before me on this 15 day of March, 2013.



NOTARIAL OFFICER



COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2012007917
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

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) Eugene Fritz SCHMID			2 DATE OF DEATH (Mo/Day/Year) May 13, 2012			3a COUNTY OF DEATH Douglas			
3b CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Evergreen Gardnerville Health & Rehab Center			3e If Hosp. or Inst indicate DOA,OP/Emer Rm. Inpatient(Specify) Inpatient		4 SEX Male		
5 RACE White (Specify)		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 83		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
8- DATE OF BIRTH (Mo/Day/Yr) January 25, 1929		9a STATE OF BIRTH (If not U.S.A. name country) Switzerland		9b CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 16		11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
12 SURVIVING SPOUSE (if wife, give maiden name) Betty ROSKOM		13 SOCIAL SECURITY NUMBER 9981		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Jeweler		14b KIND OF BUSINESS OR INDUSTRY Jewelry Industry		Ever in US Armed Forces? No	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Minden		15d STREET AND NUMBER 857 Tamarack Dr		15e INSIDE CITY LIMITS (Specify Yes or No) Yes	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Fritz SCHMID					17 MOTHER/PARENT - NAME (First Middle Last Suffix) Bertha DUCRET				
18a INFORMANT- NAME (Type or Print) Betty SCHMID				18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 857 Tamarack Dr Minden, Nevada 89423					
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			19b CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory			19c LOCATION City or Town State Carson City Nevada 89701			
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED			20b FUNERAL DIRECTOR LICENSE 217		20c NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410				
TRADE CALL - NAME AND ADDRESS									
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) CRAIG STEVEN RAU M.D. SIGNATURE AUTHENTICATED			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) May 21, 2012			21c HOUR OF DEATH 21:45			22b DATE SIGNED (Mo/Day/Yr)		22c HOUR OF DEATH	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Aguirre, Jose Alfredo			22d PRONOUNCED DEAD (Mo/Day/Yr)			22e PRONOUNCED DEAD AT (Hour)			
23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Craig Steven Rau M.D. 880 Alder Ave., Ste. 200 Incline Village, NV 89451							23b LICENSE NUMBER 10991		
24a REGISTRAR (Signature): MICHELE L YOUNG SIGNATURE AUTHENTICATED				24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 22, 2012		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))							Interval between onset and death		
PART I (a) Acute Cerebrovascular Accident							Hours		
DUE TO, OR AS A CONSEQUENCE OF:							Interval between onset and death		
(b) Atherosclerotic Vascular Disease							Years		
DUE TO, OR AS A CONSEQUENCE OF:							Interval between onset and death		
(c) _____							Interval between onset and death		
(d) _____							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) Yes		
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			

STATE REGISTRAR

Information Corrected, State Affidavit# 56970, 06/04/2012 - 8

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VRS-Rev-20120523a

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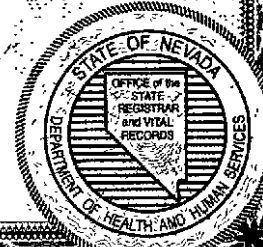
CERTIFIED COPY OF VITAL RECORDS

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.

DATE ISSUED: **AUG 21 2012**

STATE REGISTRAR

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



Ridwin