

Doc Number: **0823832**

05/17/2013 02:50 PM

OFFICIAL RECORDS

Requested By
KAEMPFER CROWELL ET AL

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00

Bk: 0513 Pg: 4821



Deputy: ar

APN 1420-08-212-004

GRANTEE:

PEGGY A. ALBERT
1028 Haystack Drive
Carson City, NV 89705

WHEN RECORDED MAIL TO:

✓ Steven E. Tackes, Esq.
Kaempfer Crowell
510 West Fourth Street
Carson City, NV 89703

MAIL TAX STATEMENTS TO:

Peggy A. Albert
1028 Haystack Drive
Carson City, NV 89705

I the undersigned hereby affirm that this document submitted for recording **does** contain the social security number of any person or persons. (Per NRS 440.380(1) and 40.525(5)).

Peggy A. Albert
PEGGY A. ALBERT

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
)ss:
CARSON CITY)

PEGGY A. ALBERT, being first duly sworn, upon oath and under penalty of perjury,
deposes and says as follows:

1. That I am over the age of twenty-one (21) years of age and competent to testify to the matters hereinafter stated.
2. That MICHAEL S. VOGEL was my joint tenant owner and that he is now deceased.

3. That the real property described herein is real property situate in the State of Nevada, County of Douglas and more particularly described as follows:

Lot 5, in Block I, as shown on the Amended map of SUNRIDGE HEIGHTS, PHASE 5B, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on February 22, 1995, in Book 295, Page 3219, as Document No. 356642.

Legal description taken from Grant, Bargain Sale Deed recorded September 30, 1999 as Document Number 0477864.

Also known as 1028 Haystack Dr., Carson City, Nevada 89705.

4. That PEGGY A. ALBERT and MICHAEL S. VOGEL were grantees on said title as joint tenants, and that MICHAEL S. VOGEL was the identical person named as MICHAEL STANLEY VOGEL, the decedent, in that certain death certificate, a certified copy of which is attached hereto and made a part hereof by this reference thereto.

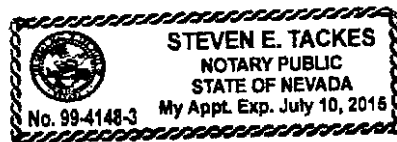
5. That MICHAEL S. VOGEL should be removed as a joint tenant owner of said property as he is deceased.

DATED this 15 day of May, 2013.

Peggy A. Albert
PEGGY A. ALBERT

SUBSCRIBED AND SWORN to before me
this 15th day of May, 2013 by
PEGGY A. ALBERT

[Signature]
Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2013007706

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) Michael Stanley VOGEL		2. DATE OF DEATH (Mo/Day/Year) May 03, 2013		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. (Inpatient) (Specify) Emergency Room / Outpatient	
4. SEX Male		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last birthday (Years) 66		7b. UNDER 1 YEAR (Mo/Day/Year) MOS		7c. UNDER 1 DAY (HOURS) (MINS) 	
8. DATE OF BIRTH (Mo/Day/Year) February 05, 1947		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (If wife, give maiden name) 	
13. SOCIAL SECURITY NUMBER 1356		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Casino Dealer		14b. KIND OF BUSINESS OR INDUSTRY Gaming	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 1028 Haystack Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Nathan Isador VOGEL			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Anne BOBROSKY		
18a. INFORMANT - NAME (Type or Print) Sandra L LANE		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 2163 Bigelow Ave Simi Valley, California 93065			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION - City or Town - State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N. Lombard Ln Carson City NV 89701	
21a. TRADE CALL - NAME AND ADDRESS					
21b. DATE SIGNED (Mo/Day/Year) May 08, 2013			21c. HOUR OF DEATH 10:30		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22a. PRONOUNCED DEAD (Mo/Day/Year)		
22b. DATE SIGNED (Mo/Day/Year)			22c. HOUR OF DEATH		
22d. PRONOUNCED DEAD AT (Hour)			22e. PRONOUNCED DEAD AT (Hour)		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Anthony C. Field M.D. 412 W John Street Carson City, NV 89703					23b. LICENSE NUMBER 3339
24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Year) May 10, 2013		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).)					
PART I				Interval between onset and death	
(a) Sudden Cardiac death				Minutes	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Ventricular Tachycardia/Arrhythmia				Minutes	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Coronary Artery Disease				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Hypertension, Atrial Fibrillation, Hyperlipidemia				Years	
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/Year)		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

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BK 0513
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5/17/2013

VR8-Rev-20120523a

409913 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: **05/13/2013**

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

R. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

