

16

Doc Number: **0823833**

05/17/2013 02:50 PM

OFFICIAL RECORDS

Requested By

KRAEMPFER CROWELL ET AL

DOUGLAS COUNTY RECORDERS

Karen Ellison - Recorder

Page: 1 of 3

Fee: \$ 16.00

Bk: 0513 Pg: 4824



Deputy: ar

APN 1420-08-210-035

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 25, in Block E, as set forth on that certain Final Map of SUNRIDGE HEIGHTS, PHASE 3, a Planned Unit Development, recorded in the office of the Douglas County Recorder on June 1, 1994 in Book 694, Page 1, as Document No. 338607, Official Records.

Legal description taken from Grant, Bargain Sale Deed recorded April 17, 2000 as Document Number 0490024.

Also known as 998 Ridgeview Dr., Carson City, Nevada 89705.

4. That PEGGY A. ALBERT and MICHAEL S. VOGEL were grantees on said title as joint tenants with right of survivorship, 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	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	
DECEDENT	5. RACE White (Specify)		8. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 66	
	7b. UNDER 1 YEAR MOS: _____ DAYS: _____ HOURS: _____ MINS: _____		7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) February 05, 1947	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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)			
PARENTS	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	
DISPOSITION	15d. STREET AND NUMBER 1028 Haystack Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Nathan Isador VOGEL			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Anne BOBROSKY		
TRADE CALL	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	
CERTIFIER	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 Lompa Ln, Carson City NV 89701	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED ANTHONY C. FIELD M.D.					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) May 08, 2013		21c. HOUR OF DEATH 10:30		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) [Signature]	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
CAUSE OF DEATH	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/Yr) May 10, 2013		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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))				Interval between onset and death	
	PART I (a) Sudden Cardiac death				Minutes	
(b) Due to, or as a consequence of, Ventricular Tachycardia Arrhythmia				Minutes		
(c) Due to, or as a consequence of, Coronary Artery Disease				Years		
(d) Other significant conditions - Conditions contributing to death but not resulting in the underlying cause given in Part I. Hypertension, Atrial Fibrillation, Hyperlipidemia				Interval between onset and death		
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



BK 05 13
PG 4826
5/17/2013

VRS-Rev-20120523a

483313

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

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

