

DOC # 831297
09/26/2013 02:39PM Deputy: SG
OFFICIAL RECORD
Requested By:
Northern Nevada Title CC
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$17.00
BK-913 PG-6510 RPTT: 0.00



FOR RECORDER'S USE ONLY

APN: 1420-35-310-029
ORDER NO.: 1100497-LI

TITLE OF DOCUMENT: AFFIDAVIT - DEATH OF A JOINT TENANT

The undersigned hereby affirms that this document submitted for recording contains a Social Security number as required by law:

State Law: NRS 40.525 Sec. 5 - Death Certificates Attached to Affidavit Death of Joint Tenant
State Law: NRS 440.380 Sec. 1.(a) - Medical Certificate of Death; Contents

NORTHERN NEVADA TITLE COMPANY

Signed By:

Print Name/Title: Tammy May, Title Officer

RECORDING REQUESTED BY
Northern Nevada Title Company
307 W Winnie Lane, Suite 1
Carson City, NV 89703

**MAIL TAX STATEMENTS AND WHEN
RECORDED, MAIL TO**

Heather R. Schott
9828 Pueblo Avenue, #69
Mesa, AZ 85208



A.P.N.: 1420-35-310-029
Escrow No.: 1100497-L1

RECORDING REQUESTED BY
Northern Nevada Title Company
307 W Winnie Lane, Suite 1
Carson City, NV 89703

**MAIL TAX STATEMENTS AND WHEN
RECORDED, MAIL TO**

Heather R. Schott
4828 PUEBLO AVE. #69
MESA, AZ 85208

THIS SPACE FOR RECORDER'S USE ONLY

AFFIDAVIT - DEATH OF A JOINT TENANT

Heather R. Schott, of legal age, being duly sworn, deposes and says:

That Lawrence Albert Schott, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Lawrence A. Schott named as one of the parties in that certain Corporation Grant Bargain and Sale Deed, executed by Syncon Homes, a Nevada Corporation to Lawrence A. Schott and Heather R. Schott, husband and wife as joint tenants, recorded as Instrument No. 626756, on October 14, 2004, in Book 1004, Page 5992, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

All that certain real property situated in the County of Douglas, State of Nevada, described as follows:

Lot 60 in Block E as set forth on the Final Subdivision Map FSM #94-04-01 for SKYLINE RANCH PHASE I filed for record with the Douglas County Recorder on May 11, 2001 in Book 0501, of Official Records, Page 3298 as Document No. 514006.



Dated: September 26, 2013

Heather R Schott
Heather R. Schott

Type or print names under signatures

This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

STATE OF CALIFORNIA

COUNTY OF SAN BERNARDINO

On SEP. 23 2013

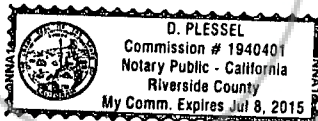
before me, D. PLESSA Notary Public,

personally appeared HEATHER R. SCHOTT who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature [Signature] (Seal)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2013003088
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED - NAME (FIRST, MIDDLE, LAST, SUFFIX) Lawrence Albert SCHOTT		2. DATE OF DEATH (Mo/Day/Year) February 19, 2013		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) 2665 Skyline Drive		3e. If Hosp. or Inst. Indicate DOX, OP, Emer. Rm. (Inpatient) (Specify) Home	
DECEDENT	5. RACE (Specify) White		7a. AGE - Last birthday (Years) 75		7b. UNDER 1 YEAR MOB DAYS HOURS MIN	
	8. STATE OF BIRTH (if not U.S.A., name country) New York		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER 2021		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Carpenter		14b. KIND OF BUSINESS OR INDUSTRY Construction	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) Albert Edward SCHOTT			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Anna Manley CHAMBERS		
	18a. INFORMANT - NAME (Type or Print) Heather Rosemund SCHOTT			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 2665 Skyline Drive Minden, Nevada 89423		
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION - City or Town - State Carson City Nevada 89706	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JUDITH KIMPTON		20b. FUNERAL DIRECTOR LICENSE 877		20c. NAME AND ADDRESS OF FACILITY Nature Society of Reno 869 West Moana Lane Reno NV 89509	
TRADE CALL	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) REED DOFF M.D.			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)		
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr) February 28, 2013		21c. HOUR OF DEATH 18:25		22b. DATE SIGNED (Mo/Day/Yr)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Reed Doff M.D., 18853 Wedge Pkwy Reno, NV 89511				23b. LICENSE NUMBER 13920	
	24a. REGISTRAR (Signature) NICOLE SHORE		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 28, 2013		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
	PART I (a) Malignant neoplasm of the esophagus, adenocarcinoma type, metastatic				Months	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATED THE UNDERLYING CAUSE LAST	(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
	(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
	(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
	(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
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) NO		28a. AGE, SUICIDE, HON. UNDER, 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 913
PG-6513

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VRS-Rev-2012022a

CERTIFIED COPY OF VITAL RECORDS

974454

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:

03/08/2013

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

STATE REGISTRAR
R. D. White
SIGNATURE AUTHENTICATED

