

APN # 1420-26-401-009

Escrow # 00198305 --NH

Recording Requested By:  
First Centennial Title Company  
1450 Ridgeview Dr. #100  
Reno, NV 89509

When Recorded Return To and  
Mail Tax Statements to:  
**Ashwin Datt**  
1609 Terry Ann Street  
Minden, NV

DOC # 831627  
10/03/2013 03:37PM Deputy: AR  
**OFFICIAL RECORD**  
Requested By:  
**First Centennial - Reno**  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 4 Fee: \$17.00  
BK-1013 PG-980 RPTT: 0.00



SPACE ABOVE FOR RECORDERS USE

**AFFIDAVIT - DEATH OF JOINT TENANT**

(Title of Document)

Please complete Affirmation Statement below:

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

**-OR-**

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 239B.030 (state specific law).

  
\_\_\_\_\_  
SIGNATURE

Tamara Waller  
\_\_\_\_\_  
Print Signature

Title Officer  
\_\_\_\_\_  
TITLE

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

**This cover page must be typed or printed in black ink.**

(Additional recording fee applies)

SPACE BELOW FOR RECORDER



APN: 1420-26-401-009  
Escrow No. 00198305 - 001 -

When Recorded Return to:

Marge Breister  
1000 Blueridge Ct.  
Carson City, NV 89705

SPACE ABOVE FOR RECORDERS USE

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF NEVADA  
COUNTY OF CARSON

} ss:

MARGE BREISTER, of legal age, being duly sworn, deposes and says

That Karl Breister the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Karl Breister named as one of the parties in that certain Deed dated September 22, 1995 executed by Karl A. Breister and Marge Breister to Karl Breister and Marge Breister, husband and wife, as joint tenants, recorded as Instrument No. 371602, on Sept. 29, 1995 of Official Records of Douglas County, Nevada, covering the following described property.

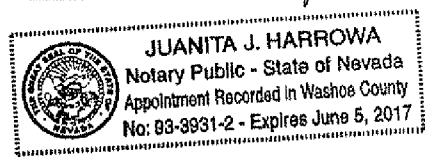
**See Exhibit A attached hereto and made a part hereof.**

Dated: 9/25/2013

Marge Breister  
Marge Breister

SUBSCRIBED AND SWORN TO before me on this 25<sup>th</sup> day of September, 2013.

\_\_\_\_\_  
NOTARY PUBLIC



SPACE BELOW FOR RECORDER

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

**2010019706**  
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) <b>Karl Albert BREISTER MD</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 28, 2010</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not other, give street and number) <b>Renown Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		6. Hispanic Origin? Specify: No - Non-Hispanic		7a. AGE - Last birthday (Years) <b>80</b>	
6. RACE: White (Specify)		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>February 12, 1930</b>		9a. STATE OF BIRTH (if not U.S.A. name country) <b>Wisconsin</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>20</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Marge M SANCHEZ</b>	
13. SOCIAL SECURITY NUMBER <b>██████-0953</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Physician</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Medical</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>1609 Terry Ann St</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Leo John BREISTER</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Esther GUTH</b>		18a. INFORMANT - NAME (Type or Print) <b>Marge M BREISTER</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1609 Terry Ann St Minden, Nevada 89423</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICK NOEL</b>		20b. FUNERAL DIRECTOR LICENSE <b>620</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>VIDYA NAGARAJU</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>December 29, 2010</b>		21c. HOUR OF DEATH <b>07:30</b>		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>VIDYA NAGARAJU 1155 Mill St Reno, NV 89502</b>		23b. LICENSE NUMBER <b>13599</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) <b>BRIDGES SANDI</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 03, 2011</b>		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		(a) <b>Cardiopulmonary arrest</b>		Interval between onset and death	
(b) <b>Respiratory failure secondary to aspiration</b>		(c) <b>Chronic kidney disease stage V on dialysis</b>		Interval between onset and death	
(d) <b>Dysphagia secondary to presumed stroke</b>		Interval between onset and death		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. <b>Unknown etiology</b>		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
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



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BK 1013  
PG-982

VRS-Rev-20110124

369460

CERTIFIED COPY OF VITAL RECORDS

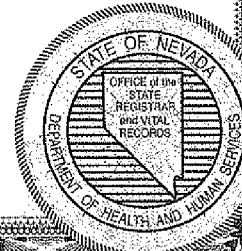
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 01/20/2011

*Rod White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

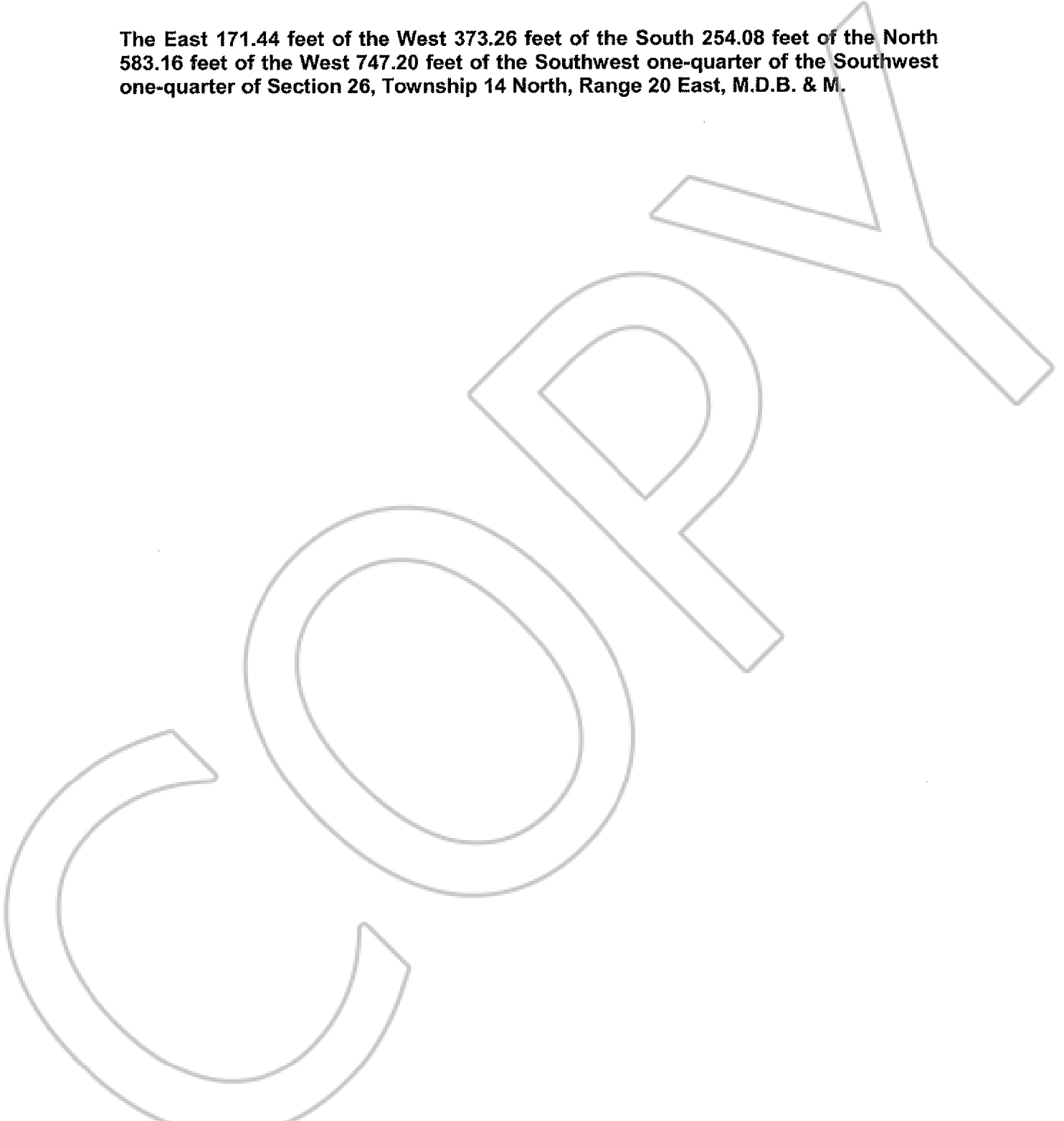
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE





**Exhibit A**

**The East 171.44 feet of the West 373.26 feet of the South 254.08 feet of the North 583.16 feet of the West 747.20 feet of the Southwest one-quarter of the Southwest one-quarter of Section 26, Township 14 North, Range 20 East, M.D.B. & M.**



SPACE BELOW FOR RECORDER