

Doc Number: **0845528**

07/01/2014 01:52 PM

OFFICIAL RECORDS

Requested By:
ROWE & HALES LLP

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 3

Fee: \$ 16.00

Bk: 0714 Pg: 238



Deputy: gb

APN: 1320-29-213-023

When Recorded Mail To:

ROWE HALES YTURBIDE, LLP
James R. Hales, Esq.
P.O. Box 2080
Minden, NV 89423

Send Tax Statements To:

Rose Marie Wirts
1740 Bougainvillea Drive
Minden, NV 89423

**AFFIDAVIT OF TERMINATION OF JOINT TENANCY
(Death of Joint Tenant)**

I, Rose Marie Wirts, being of legal age and being first duly sworn, deposes and says:

Affiant was the wife of Robert R. Wirts, Decedent, up to and until his death.

Robert R. Wirts died on the 30th day of September, 2013, in Washoe County, Nevada.

Robert R. Wirts, the decedent mentioned in the attached certified copy of Certificate of Death, is named as one of the parties in that certain Grant, Bargain, and sale Deed, dated the 29th day of September, 2008, executed by Lois L. Bennett, as Trustee of the Lois L. Bennett Revocable Trust dated July 15, 1989 (Grantor), to Robert R. Wirts and Rose Marie Wirts, husband and wife (Grantees), holding title as joint tenants, recorded as Instrument No. 730806 on the 29th day of September, 2008, in Book 908, Page 6257

of the Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

Lot 39 in Block C as shown on the Official Plat of WINHAVEN UNIT NO. 2, PHASE A, filed for record in the office of the County Recorder on September 14, 1990 of Official Records, at Page 1934, Douglas County, Nevada, as Document No. 234654.

APN: 1320-29-213-023

Per NRS 111.312, this legal description was previously recorded as Instrument No. 730806 on the 29th day of September, 2008, in Book 908, Page 6257.

Pursuant to NRS 239B.030(4), I affirm that this instrument does not contain the personal information of any person, and that the social security number has been redacted from the Death Certificate.

IN WITNESS WHEREOF, I have hereunto set my hand on June 23, 2014.

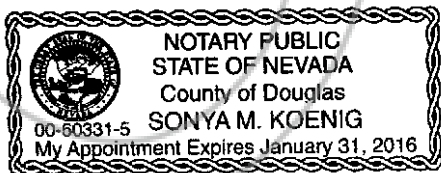
Rose Marie Wirts

Rose Marie Wirts

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on the 23 day of June, 2014, by Rose Marie Wirts.

WITNESS my hand and official seal.



Sonya M. Koenig

NOTARY PUBLIC

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2013016523
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) Robert Ray WIRTS		2. DATE OF DEATH (Mo/Day/Year) September 30, 2013		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) Renown Regional Medical Center		3d. If Hosp. or Inst. indicate DOA,OP,Emer. Rm. (Inpatient)(Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. DATE OF BIRTH (Mo/Day/Yr) December 05, 1933	
7a. AGE-Last birthday (Years) 79		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. Hispanic Origin? Specify No - Non-Hispanic		9a. STATE OF BIRTH (If not U.S.A., name country) Kansas		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 15		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Rose Marie SETSODI	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Traffic Engineer		14b. KIND OF BUSINESS OR INDUSTRY State Of California	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1740 Bougainvillea Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Leonard Ray WIRTS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Leona LIND		
18a. INFORMANT - NAME (Type or Print) Rose Marie WIRTS			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1740 Bougainvillea Drive Minden, Nevada 89423		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c. LOCATION: City or Town State Minden Nevada 89423	
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. Lopa Ln Carson City NV 89701	
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) DAVID K. RITCHIE MD 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) October 08, 2013		21c. HOUR OF DEATH 16:35		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) DAVID K. RITCHIE MD 1155 Mill St Reno, NV 89502			
23b. LICENSE NUMBER 13897		24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 11, 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 (a) Intracerebral hemorrhage - non traumatic DUE TO, OR AS A CONSEQUENCE OF: (b) Unknown etiology DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (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 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

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BK 0714
PG 240
7/1/2014

VRS-Rev-20120523a

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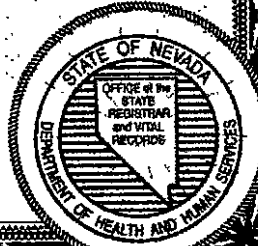
CERTIFIED COPY OF VITAL RECORDS

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:

10/16/2013

R. W. Wirtz
STATE REGISTRAR
SIGNATURE AUTHENTICATED



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