

Doc Number: **0845822**

07/07/2014 11:52 AM

OFFICIAL RECORDS

Requested By:
JEFFREY K RAHBECK

APN: 1022-11-002-048

Recording Requested by and
When Recorded Mail to:

✓ Jeffrey K. Rahbeck, Esq
Post Office Box 435
Zephyr Cove, Nevada 89448

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 Of 3 Fee: \$ 16.00
Bk: 0714 Pg: 1423



Deputy sg

AFFIDAVIT OF DEATH OF JOINT TENANT

RAJ
RANDY X. LEMICH, being first duly sworn, deposes and says:

That Affiant is the surviving spouse of KATHY K. KLOCH, and that the Affiant and the said KATHY K. KLOCH, deceased, are the grantees in joint tenancy under that certain GRANT, BARGAIN AND SALE DEED dated the 24th day of February 2005; said document was recorded on the 24th day of March 2005, in Book 0305, Page 10385, being document number 0639871, of the official records in Douglas County, State of Nevada, affecting all that certain piece or parcel of land, situate in the County of Douglas, State of Nevada, and more particularly described as follows, to wit:

"The land referred to herein is situated in the State of Nevada, County of DOUGLAS, described as follows: Lot 18, as shown on the map of TOPAZ RANCH ESTATES, UNIT NO. 1, filed in the Office of the County Recorder of Douglas County, Nevada, on December 4, 1963, as Document No. 23962, Assessor's Parcel No. 1022-11-002-048."

That the said KATHY K. KLOCH, one of the joint tenant grantees respecting said GRANT, BARGAIN AND SALE DEED, died on the 9th day of

May, 2009, and is the identical person named in that certain certified copy of Certificate of Death, attached hereto as Exhibit "A"; that said certified copy of Death Certificate hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth.

That all interest in and to the above-described real property, vested absolutely in Affiant, namely, RANDY ^{J RL}~~X~~ LEMICH, as of the date of the decedent's death.

DATED this 7th day of July, 2014.

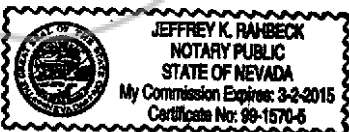
Randy Lemich
RANDY L. LEMICH
J RL

ACKNOWLEDGEMENT

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

On the 7th day of July, 2014, before me, JEFFREY K. RAHBECK, ESQ., a Notary Public, personally appeared RANDY L. LEMICH, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument, the person, or the entities upon behalf of which the person acted, executed this instrument.

WITNESS my hand and official seal.



Jeffrey K. Rahbeck
NOTARY PUBLIC

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2009007075
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) Kathleen K KLOCH		2. DATE OF DEATH (Mo/Day/Year) May 09, 2009		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Wellington		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 4140 Red Canyon Avenue		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm Inpatient(Specify)	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 53	
9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY? United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER 6142		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Self Employed		14b. KIND OF BUSINESS OR INDUSTRY Cleaning Business	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 4140 Red Canyon Avenue		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		8. DATE OF BIRTH (Mo/Day/Yr) January 06, 1956	
16. FATHER - NAME (First Middle Last Suffix) John KLOCH			17. MOTHER - NAME (First Middle Last Suffix) Eunice BARTEL		
18a. INFORMANT- NAME (Type or Pnnt) Randy LEMICH		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4140 Red Canyon Avenue Wellington, Nevada 89444			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
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) JOHN PAUL KELLY M.D. <i>SIGNATURE AUTHENTICATED</i>			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) May 12, 2009		21c. HOUR OF DEATH 19:47		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Pnnt)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) John Paul Kelly M.D. 1535 College Parkway Carson City, NV. 89706				23b. LICENSE NUMBER 6376	
24a. REGISTRAR (Signature) JENELLE BALDWIN <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 19, 2009		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) Lung Cancer				7 Months	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II					
26. ACC. SUICIDE, HOM, UNDET. OR PENDING INVEST (Specify)		28a. DATE OF INJURY (Mo/Day/Yr)		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28b. INJURY AT WORK (Specify Yes or No)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION		28e. STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

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VRS-Rev.2008T

272459 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: 05/19/2009

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

Randy Lemich
SIGNATURE AUTHENTICATED

