



KAREN ELLISON, RECORDER E05

APN: 1220-24-601-045
After recording, please return to:
Mark P. Witzig
600 Ocean St.
Santa Cruz, CA 95060

STATE OF Nevada }
COUNTY OF Douglas }

DEATH OF GRANTOR AFFIDAVIT

Under NRS § 111.699

THE AFFIANT, Mark P. Witzig, being duly sworn, deposes and says:

1. That Mary T. Witzig, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Mary T. Witzig, named as the grantor or as one of the grantors in the deed upon death recorded on May 20, 2015, as document or file number 2015-862367, book, at page, records of Douglas County, Nevada, covering the real property commonly known as 1973 Mule Lane, City of Gardnerville, County of Douglas, State of Nevada, more particularly described as:
See Exhibit A attached hereto.

2. That the affiant, Mark P. Witzig, is the beneficiary or at least one of the beneficiaries to whom the real property is conveyed upon the death of the grantor, Mary T. Witzig, or is the authorized representative of the beneficiary or at least one of the beneficiaries.
3. That the beneficiary or beneficiaries listed in the deed upon death are:
Mark P. Witzig
Denise D. Witzig

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS.

Mark P. Witzig
Affiant
Mark P. Witzig
Print name
Date: 07/01/2015

Subscribed and sworn to on this 1st day of JULY, in the year 2015, before me,
ANTHONY L. VICKERS, by Mark P. Witzig.

Anthony L. Vickers
Notary Public
ANTHONY L. VICKERS
Print name
My commission expires: 11/27/18

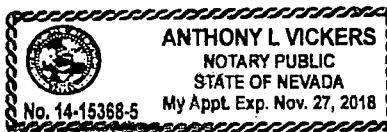


Exhibit A

A PORTION OF THE SOUTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 24,
TOWNSHIP 12 NORTH, RANGE 20 EAST, M.D.B. & M., DOUGLAS COUNTY, NEVADA,
DESCRIBED AS FOLLOWS:

COMMENCING AT THE EAST 1/4 CORNER OF SAID SECTION 24, AS SET FORTH ON
THAT CERTAIN PARCEL MAP FOR PHIL SULLIVAN, THAT WAS FILED FOR
RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY,
NEVADA, ON THE 16TH DAY OF JUNE, 1980, IN BOOK 680, AT PAGE 1330, AS
DOCUMENT NO. 45330 OF OFFICIAL RECORDS;

THENCE NORTH 00 DEGREES 07'45" EAST, 331.00 FEET ALONG THE EAST LINE OF
SAID SECTION 24, TO THE SOUTHEAST CORNER OF PARCEL D, AS SET FORTH ON
SAID PARCEL MAP;

THENCE WEST 205.60 FEET ALONG THE SOUTH LINE OF SAID PARCEL D TO THE
POINT OF BEGINNING;

THENCE CONTINUING WEST 142.36 FEET;

THENCE NORTH 331.00 FEET;

THENCE EAST 142.36 FEET;

THENCE SOUTH, 331.00 FEET TO THE POINT OF BEGINNING.

BEING A PORTION OF PARCEL D, AS SHOWN ON THE PARCEL MAP FOR PHIL
SULLIVAN, RECORDED IN THE OFFICE OF THE COUNTY RECORDER, DOUGLAS
COUNTY, NEVADA, ON JUNE 16, 1980, IN BOOK 680, PAGE 1330, AS DOCUMENT NO.
45330. THE AFOREMENTIONED MAP BEING A RESUBDIVISION OF LOT 6, AS
SHOWN ON THE MAP OF RUHENSTROTH RANCHOS, RECORDED IN THE OFFICE
OF THE RECORDER, DOUGLAS COUNTY, NEVADA, ON APRIL 14, 1954, AS
DOCUMENT NO. 27706.

NOTE: THE ABOVE METES AND BOUNDS LEGAL DESCRIPTION APPEARED
PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED NOVEMBER 18, 2002 IN
BOOK 1102, PAGE 7235, NO. 558097, OF OFFICIAL RECORDS.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2015010043
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Mary Tenge WITZIG		2. DATE OF DEATH (Mo/Day/Year) June 03, 2015		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 No.) Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Female		5. RACE-White (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 82		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY	
8. DATE OF BIRTH (Mo/Day/Yr) October 03, 1932		9a. STATE OF BIRTH (if not U.S.A.) Missouri		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (Maiden name)	
13. SOCIAL SECURITY NUMBER ██████████-2810		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1973 Mule Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) John J TENGE			17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Mary Louis NOLAN		
18a. INFORMANT - NAME (Type or Print) Mark P WITZIG			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 210 Sunridge Dr. Scotts Valley, California 95066		
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 (Of Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 823		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) PETER CHRISTOPHER LIM M.D. 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) June 10, 2015		21c. HOUR OF DEATH 06:45	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)	
		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) Peter Christopher Lim M.D., 75 Pringle Way, F-11 Reno, NV, 89502			23b. LICENSE NUMBER 8759
24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 16, 2015	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) Primary Peritoneal Cancer			Interval between onset and death
(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
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) 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

583231

CERTIFIED COPY OF VITAL RECORDS

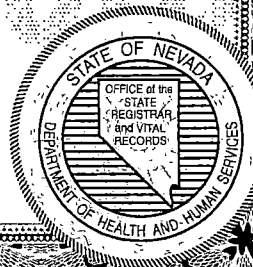
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 6/18/2015

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

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF NEVADA
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)
 a. 1220-24-601-045
 b. _____
 c. _____
 d. _____

2. Type of Property:
 a. Vacant Land b. Single Fam. Res.
 c. Condo/Twnhse d. 2-4 Plex
 e. Apt. Bldg f. Comm'l/Ind'l
 g. Agricultural h. Mobile home
 Other _____

FOR RECORDER'S OPTIONAL USE ONLY
 Book: _____ Page: _____
 Date of Recording: _____
 Notes: _____

3. a. Total Value/Sales Price of Property \$ 230,000
 b. Deed in Lieu of Foreclosure Only (value of property) (_____)
 c. Transfer Tax Vaule \$ _____
 d. Real Property Transfer Tax Due \$ _____

4. If Exemption Claimed:
 a. Transfer Tax Exemption per NRS 375.090, Section 5 and 10 *W*
 b. Explain Reason for Exemption: 5- Transfer between Mother to son & daughter
10- Death of Grantor Affidavit (Transfer on Death Deed) *W*

5. Partial Interest: Percentage being Transferred: 100 %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or the determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature: *Mary T. Witzig*
 Signature: _____

Capacity: Grantee
 Capacity: _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: Mary T. Witzig
 Address: 1973 Mule Lane
 City: Gardnerville
 State: Nevada Zip: 89410

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: Mark Witzig & Denise Witzig
 Address: 600 Ocean St.
 City: Santa Cruz
 State: CA Zip: 95060

COMPANY REQUESTING RECORDING

Print Name: _____ Escrow #: _____
 Address: _____
 City: _____ State: _____ Zip: _____

As a public record this form may be recorded/microfilmed