

APN # 1320-30-816-013

Escrow # 00212172 -016-

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

When Recorded Return to:
Kurt Weissheimer
1678 Belarra Dr
Minden, NV 89423

Mail Tax Statements to:
Kurt Weissheimer
1678 Belarra Drive
Minden, NV 89423

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 440.380 (state specific law).


SIGNATURE

Escrow Officer
TITLE

Liz Svenningsen
Print Signature

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

SPACE BELOW FOR RECORDER

APN: 1320-30-816-013
Escrow No. 00212172 - 016 -ES

When Recorded Return to:

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF JOINT TENANT


STATE OF NEVADA } ss:
COUNTY OF DOUGLAS

Kurt Weissheimer, of legal age, being duly sworn, deposes and says

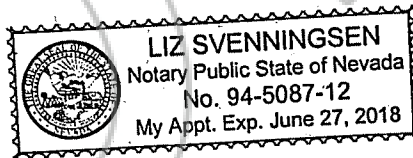
That Marion R. Weissheimer the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Marion R. Weissheimer named as one of the parties in that certain Joint Tenancy Deed dated March 5, 1996 executed by George D. Chalfant and Elinor J. Chalfant to Kurt Weissheimer and Marion R. Weissheimer, husband and wife as joint tenants, recorded as Instrument No. 383294, on March 15, 1996 in Book 396 Page 2134 of Official Records of Douglas County, Nevada, covering the following described property.

See Exhibit A attached hereto and made a part hereof.

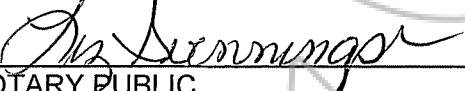
Dated: 7-21-15



Kurt Weissheimer



SUBSCRIBED AND SWORN TO before me on this 21st day of July, 2015.



NOTARY PUBLIC

SPACE BELOW FOR RECORDER

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2015002113

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) Marion R WEISSHEIMER		2. DATE OF DEATH (Mo/Day/Year) February 04, 2015		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street or Continuicare Hospital of Carson Tahoe, Inc.		3e. If Hosp. or Inst. indicate DOA,OP, Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 86		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo)/Day/Yr February 22, 1928		9a. STATE OF BIRTH (if not U.S.A.) Michigan		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Kurt WEISSHEIMER	
13. SOCIAL SECURITY NUMBER [REDACTED]-3597		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Chairman Of A Board		14b. KIND OF BUSINESS OR INDUSTRY Television Station	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1678 Belarra Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) BRODWICK			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Rose		
18a. INFORMANT - NAME (Type or Print) Kurt WEISSHEIMER			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1678 Belarra Drive Minden, Nevada 89423		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa 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) SIGNATURE AUTHENTICATED VIJAY MAIYA MD			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) February 09, 2015		21c. HOUR OF DEATH 15:36		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Vijay Maiya MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 11909	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 11, 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). Interval between onset and death					
PART I: (a) Abdominal Sepsis					
DUE TO, OR AS A CONSEQUENCE OF					
(b) Ruptured Diverticular Abscess					
DUE TO, OR AS A CONSEQUENCE OF					
(c) Rheumatoid Arthritis					
DUE TO, OR AS A CONSEQUENCE OF					
(d)					
PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Unknown Etiology				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC, SUICIDE, HOMICIDE, UNDETERMINED 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

3816262

565276

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.

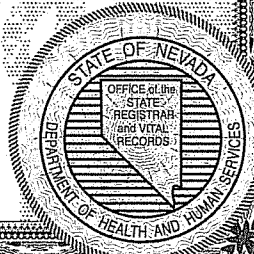
DATE ISSUED:

2/11/2015

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

STATE REGISTRAR
R. J. White
SIGNATURE AUTHENTICATED

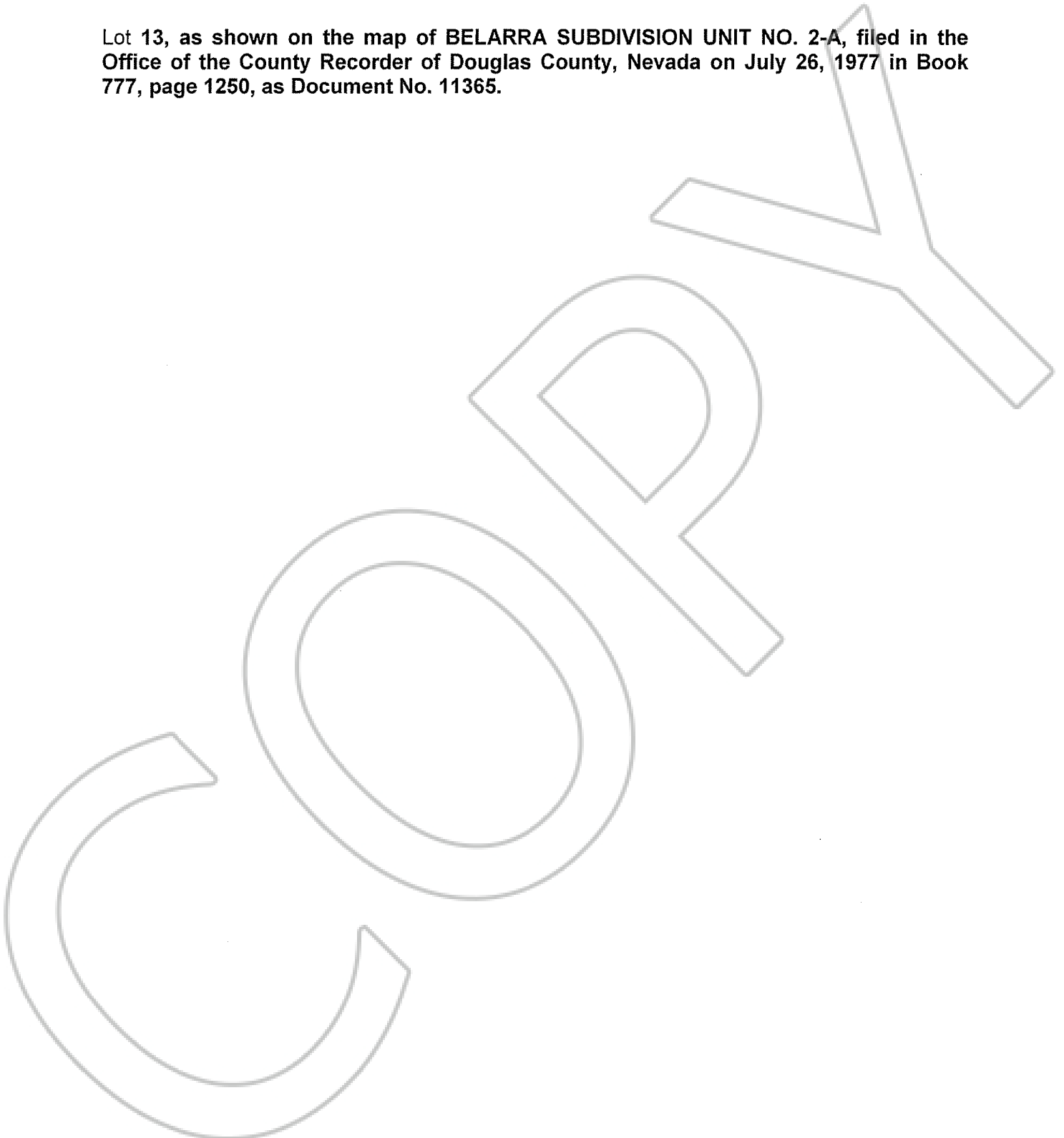
VRS-Rev-20120523a



ANY ALTERATION OR REVISIONS INVALIDS THIS CERTIFICATE

Exhibit A

Lot 13, as shown on the map of BELARRA SUBDIVISION UNIT NO. 2-A, filed in the Office of the County Recorder of Douglas County, Nevada on July 26, 1977 in Book 777, page 1250, as Document No. 11365.



SPACE BELOW FOR RECORDER
