

APN# : 1320-32-813-012

**Recording Requested By:**

Western Title Company

**073257-TEA**

**When Recorded Mail To:**

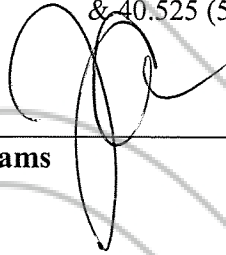
Jean L. Witt

1380 Centerville Lane #72

Gardnerville, NV 89410

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. (Per NRS 440.380 (1)(5) & 40.525 (5))

**Signature** \_\_\_\_\_



**Traci Adams**

**Escrow Officer**

\_\_\_\_\_  
**Affidavit Death of Trustee**

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

## AFFIDAVIT - DEATH OF TRUSTEE

Jean L. Witt, of legal age, being first duly sworn, deposes and says:

That Herbert Paul Witt, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Herbert Paul Witt named as one of the parties in that certain Grant, Bargain, Sale Deed dated 4/30/2013 executed by Herbert Paul Witt and Jean L. Witt, husband and wife as joint tenants to Herbert Paul Witt and Jean L. Witt, Trustees of the Herbert Paul Witt and Jean L. Witt Revocable Trust, u.t.d. 1/18/07 as amended and restated 30 April 2013, recorded as instrument No. 0823035, on 5/6/2013, in Book 0513, Page 1225, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 2, in Block A of HAWKINS ADDITION TO THE TOWN OF GARDNERVILLE, according to the official map or plat thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on May 16, 1915, as Document No. 3000.

Dated 7-13-15

Affidavit of Death cont.

Herbert Paul Witt and Jean L. Witt Revocable Trust,  
u.t.d. 1/18/2007 as amended and restated 30 April 2013

Jean L. Witt, ST  
Jean L. Witt, Successor Trustee

STATE OF NEVADA } SS

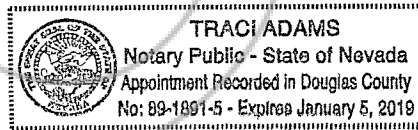
COUNTY OF DOUGLAS

This instrument was acknowledged before me on

July 13, 2015

by Jean L. Witt.

[Signature]  
Notary Public



**CERTIFICATION OF VITAL RECORD**

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

**2014018852**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) <b>Herbert P WITT</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 15, 2014</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>1380 Centerville #72</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
DECEDENT	4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) <b>89</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) <b>June 27, 1925</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
	10. EDUCATION <b>16</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Jean L LAURICELLA</b>	
PARENTS	13. SOCIAL SECURITY NUMBER <b>██████-3089</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Dairy Farmer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Dairy</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	15d. STREET AND NUMBER <b>1380 Centerville #72</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT -NAME (First Middle Last Suffix) <b>Paul WITT</b>	
	17. MOTHER/PARENT -NAME (First Middle Last Suffix) <b>Bertha KRAUSE</b>		18a. INFORMANT- NAME (Type or Print) <b>Jean WITT</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1380 Centerville #72 Gardnerville, Nevada 89410</b>	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Anatomical Donation/Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sierra Crematory</b>		19c. LOCATION City or Town State <b>Reno Nevada 89503</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CURT KOESTLER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>823</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funeral Home, Reno</b> <b>875 West Second St Reno NV 89503</b>	
CERTIFIER	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>NITA SCHWARTZ M.D.</b> SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) <b>November 19, 2014</b>		21c. HOUR OF DEATH <b>22:20</b>	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. PRONOUNCED DEAD (Mo/Day/Yr)		22b. PRONOUNCED DEAD AT (Hour)	
REGISTRAR	22a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703</b>		22b. LICENSE NUMBER <b>9114</b>		23a. REGISTRAR (Signature) <b>RHONDA PENA</b> SIGNATURE AUTHENTICATED	
	23a. REGISTRAR (Signature) <b>RHONDA PENA</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 19, 2014</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I		(a) <b>Congestive Heart Failure</b>		Interval between onset and death	
	(b) <b>Coronary Atherosclerosis</b>		(c) <b>Coronary Atherosclerosis</b>		Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(d) <b>Coronary Atherosclerosis</b>		(d) <b>Coronary Atherosclerosis</b>		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) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</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		STATE		

STATE REGISTRAR

555016

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: 11/21/2014

*R. J. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

VRS-Rev-20120523a

