



KAREN ELLISON, RECORDER

6
Recording requested by
CASTLETON LAW FIRM
3174 COLLINS DR. SUITE B
MERCED, CA 95348

When recorded, return to:
CASTLETON LAW FIRM
3174 COLLINS DR. SUITE B
MERCED, CA 95348

Mail Tax Statements to:
Ernest Anderegg
2273 E. Childs
Merced, CA 95341

AFFIDAVIT – DEATH OF JOINT TENANT

State of Nevada)
County of Douglas)

ERNEST ANDEREGG, of legal age, being first duly sworn, deposes and says:

DONNA G. ANDEREGG, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DONNA ANDEREGG named as one of the parties in that certain deed dated October 19, 2004, and executed by JOHN L. HARRIS, SR., A MARRIED MAN AS HIS SOLE AND SEPARATE PROPERTY to ERNEST ANDEREGG and DONNA ANDEREGG, Husband and Wife as Joint Tenants, recorded on November 8, 2004, as Instrument No. 0628666, in Book 1104, Page 03380, of Official Records of Douglas County, State of Nevada, covering the following described property situated at 823 Lyell Way, City of Gardnerville, Douglas County, State of Nevada:

Lot 44, Block L, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 4, filed in the office of the County Recorder of Douglas County, Nevada, on April 10, 1967, as Document No. 35914.

Assessors Parcel No. 1220-15-410-096

Dated: December 11, 2015

Ernest Anderegg
ERNEST ANDEREGG

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Merced)

On December 11, 2015, before me, MELISSA L. CASTLETON Notary Public, personally appeared ERNEST ANDEREGG, who proved to me on the basis of satisfactory evidence to be the person(x) whose name(x) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(x) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct

WITNESS my hand and official seal.

Signature *Melissa L. Castleton* (Seal)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2015019018
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) Donna G ANDEREGG		2. DATE OF DEATH (Mo/Day/Year) October 26, 2015		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street or Inpatient)(Specify) 823 Lyell Way Home		4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 77	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		8. DATE OF BIRTH (Mo/Day/Yr) December 28, 1937	
9a. STATE OF BIRTH (If not U.S.A.) Ohio		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Ernest ANDEREGG			
13. SOCIAL SECURITY NUMBER 8363		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Homemaker		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 823 Lyell Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT- NAME (First-Middle-Last Suffix) Raymond CONWAY			17. MOTHER/PARENT- NAME (First-Middle-Last-Suffix) Bertha CONAWAY		
18a. INFORMANT- NAME (Type or Print) Gilbert SANCHEZ		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 783 Blue Rock Rd. Gardnerville, Nevada 89460			
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 (Or 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	
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) JUDITH ROSSO 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 29, 2015		21c. HOUR OF DEATH 00:30		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) JUDITH ROSSO MD 1516 Virginia Gardnerville, NV 89410				23b. LICENSE NUMBER 750	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 06, 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) Cardiorespiratory Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Kidney Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Acute On Chronic Wound Infection				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Failure To Thrive				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. Atrial Fibrillation, Congestive Heart Failure				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

3860267

604998

CERTIFIED COPY OF VITAL RECORDS

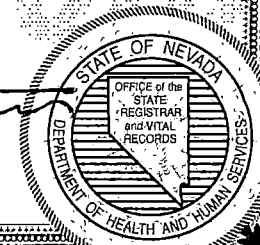
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **NOV 19 2015**

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

Brad Whitt
STATE REGISTRAR

VRS-Rev-201205239



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE