2015-874298

12/21/2015 09:40 AM

Total:\$16.00 CASTLETON LAW FIRM

Dac-3

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



KAREN ELLISON, RECORDER

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

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. CASTLETOIN 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/their executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(x) on the instrument the person(x), 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 // ////////// Costleto

MELISSA L. CASTLETON COMM. #2036971 m Notary Public - California MERCED COUNTY
My Comm. Exp. AUG. 15, 2017



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

VITAL STATISTICS

CERTIFICATE OF DEATH

2015019018

TYPE OR			7 M - 68' 2.25 - 778'		STATE FILE NUMBER	
PRINT IN	1a. DECEASED-NAME (FIRST, MIDDLE, LAST,	Mari (129) Willy Co		2. DATE OF DEATH (Mo/D	ay/Year) 3a COUNTY	COE DEATH
PERMANENT BLACK INK	Donna G	ANDERE		October 26, 20		Douglas
	36 CITY, TOWN, OR LOCATION OF DEATH	. ""		give street an 3e.if Hosp, or Inst Inpatient(Specify)		Rm: 4, SEX
DECEDENT	Gardnerville	82	3 Lyell Way	' ' '	Home	Female
	5 RACE White (Specify)	6. Hispanic Origin? Sp No Non-Hispanic	::: (Years)	day 75. UNDER 1 YEAR 7c. UNDER 1 YEAR 7c. UNDER 1 HOU	RS I MINS	
	O- CTATE OF DIDTH (K-call C A	TIZEN OF MALE TOOL NATIVE		719 1 2 3		mber 28, 1937
IF DEATH OCCURRED IN INSTITUTION SEE	9a. STATE OF BIRTH (If not U.S.A., 9b. CI	TIZEN OF WHAT COUNTRY 1 United States	12 DIVORCED (S	NEVER MARRIED, WIDOWEL pecify) Married), 12. SURVIVING SPOL	USE (Maiden name) Emest ANDEREGG
HANDBOOK." REGARDING	13. SOCIAL SECURITY NUMBER 14a. L	JSUAL OCCUPATION (Give Kir	nd of Work Done During Most o	14b. KIND OF BUSINES	S OR INDUSTRY	Ever in US Armed
COMPLETION OF RESIDENCE	8363		Homemaker	Own	Home	Forces? No
TEMS.	15a. RESIDENCE - STATE 15b. COUNTY	15c. CITY, TO	OWN OR LOCATION 15	d STREET AND NUMBER	e delle men en in	15e. INSIDE CITY LIMITS (Specify Yes
				23 Lyell Way		or No) Yes
PARENTS	- 16. FATHER/PARENT - NAME (First-Middle - I			RIPARENT - NAME - (First-Mid	100	
	18a. INFORMANT- NAME (Type or Print)		AILING ADDRESS (Street or	R.F.D. No, City or Town, State	CONAWAY	4707 .47W
	Gilbert SANCHEZ		PMPS II	Rock Rd. Gardnerville		AMM 191
	19a. BURIAL, CREMATION, REMOVAL, OTHE	10 10 10 10 10 10 10 10 10 10 10 10 10 1	1		LOCATION : City or Tow	m State
ISPOSITION	Cremation		Walton's Sierra Crema		Carson City Nev	Colors 2006 Contract
	20a. FUNERAL DIRECTOR - SIGNATURE (Or			IAME AND ADDRESS OF FAC	ILITY	
	CURT KOESTL		ENSE NUMBER 823		erals and Cremation	
EDA DE CALL	TRADE CALL NAME AND ADDRESS	NTICATED		1521 Church Stre	et Gardnerville NV	89410
FRADE CALL	TILVADE CHEE - MAINE AND ADDRESS	reni iria elektrik ili elek	New of the desired the second	- 10"		1
E Marian	Z 21a. To the heat of my knowledge identify	consumed at the time, data and		TAN .	Salvana in the salvana	
	장 21a. To the best of my knowledge, death to the cause(s) stated (Signature & Title)	SIGNATURE AUTH	place and due 22a. On	he basis of examination and/or in e, date and place and due to the c		
CERTIFIER	ਰ ਹੁੰ to the cause(s) stated.(Signature & Title)		place and due 22a. On ENTICATED 2 at the tim	e, date and place and due to the c	ause(s) stated (Signature&	Title)
CERTIFIER	to the cause(s) stated (Signature & Title) 21b. DATE SIGNED (Mo/Day/Yr) Cottober 29, 2015	ROSSO MD 21c. HOUR OF DEATH 00:30	place and due 22a On ENTICATED 2 at the time time 22b D.			Title)
CERTIFIER	to the cause(s) stated (Signature & Title) 21b. DATE SIGNED (Mo/Day/Yr) Cotober 29, 2015 21d. NAME OF ATTENDING PHYSICIA	ROSSO MD 21c. HOUR OF DEATH 00:30	place and due 22a On ENTICATED 2 at the time time 22b D.	e, date and place and due to the c	ause(s) shaked (Signature &	Title)
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CERTIFIER	to the cause(s) stated (Signature & Title) 21b. DATE SIGNED (Mo/Day/Yr) October 29, 2015. 21d. NAME OF ATTENDING PHYSICIA 2 g. (Type or Print) 23a. NAME AND ADDRESS OF CERTIFIER (P	SIGNATURE AUTHI ROSSO MD 21c. HOUR OF DEATH 00:30 N IF OTHER THAN CERTIFIER	CIAN, MEDICAL EXAMINER;	e, date and place and due to the c ATE SIGNED (MovDay/Yr) RONOUNCED DEAD (MovDay/ OR CORONER) (Type or Print)	ause(s) stated (Signature & 22c. HOUR OF DE	Title)
CERTIFIER REGISTRAR	to the cause(s) stated (Signature & Title) JUDITH 21b. DATE SIGNED (Mo/Day/Yr) October 29, 2015 Type or Print) 23a. NAME AND ADDRESS OF CERTIFIER (P	SIGNATURE AUTHI ROSSO MD 21c. HOUR OF DEATH 00:30 N IF OTHER THAN CERTIFIER HYSICIAN, ATTENDING PHYS	Diace and due 222 On ENTICATED 225 On 225 On 225 On 226 On	e, date and place and due to the c ATE SIGNED (MorDay/Yr) : RONOUNCED DEAD (MorDay/ OR CORONER) (Type of Print) 9410 : VED BY REGISTRAR 22	22c. HOUR OF DE 22c. HOUR OF DE 22c. PRONOUNCE 23b. LICENSE	Title) EATH ED DEAD AT (Hour) NUMBER 750 NUNICABLE DISEASE
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STATE REGISTRAR

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

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

OF NEL OF

RS-Rev-20120523a

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE AND THE CONTRACTOR OF THE CONTRACTO