

APN: 1220-20-001-044



KAREN ELLISON, RECORDER

After Recording Mail to:

Ulrica A. Sussman
751 Rubio Way
Gardnerville, NV 89460

The undersigned affirms that this document **does** contain the social security number of any person, as required by NRS 440.380. (NRS 239B.030).

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
: ss.
COUNTY OF DOUGLAS)

ULRICA S. SUSSMAN, being duly sworn, declares:

That SHELDON SUSSMAN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as SHELDON SUSSMAN, named as one of the parties in the Grant, Bargain and Sale Deed executed by Sheldon Sussman and Ulrica A. Sussman, Trustees of the Sussman Trust Under Declaration Dated October 31, 1997 to Sheldon Sussman and Ulrica A. Sussman, husband and wife as joint tenants, and recorded as Instrument No. 0651685 on August 8, 2005, in Book 0805, Page 4018 of Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, State of Nevada:

Lot 16, in Block D, of MARRON ESTATES, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on September 9, 1980, in Book 980, Page 682, as Document No. 48330 of Official Records.

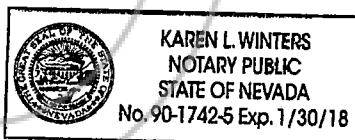
Per NRS 111.312, this legal description was previously recorded at Document No. 0651685 on August 8, 2005, in Book 0805, Page 4018 of Official Records of Douglas County, Nevada.

Dated: January 11, 2016

ULRICA A. SUSSMAN

Subscribed and sworn to before me this 11th day of January, 2016.

[Seal]



Karen L. Winters

NOTARY PUBLIC

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

2015018743
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

Form containing fields for: 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Sheldon SUSSMAN; 2. DATE OF DEATH (Mo/Day/Year) November 01, 2015; 3a. COUNTY OF DEATH Carson City; 3b. CITY, TOWN, OR LOCATION OF DEATH Carson City; 3c. HOSPITAL OR OTHER INSTITUTION -Name Carson Tahoe Regional Medical Center; 4. SEX Male; 5. RACE White; 6. Hispanic Origin? Specify No - Non-Hispanic; 7a. AGE-Last birthday (Years) 84; 7b. UNDER 1 YEAR; 7c. UNDER 1 DAY; 8. DATE OF BIRTH (Mo/Day/Yr) January 10, 1931; 9a. STATE OF BIRTH (if not U.S.A.,) California; 9b. CITIZEN OF WHAT COUNTRY United States; 10. EDUCATION 16; 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married; 12. SURVIVING SPOUSE (Maiden name) Ulrica PETERSON; 13. SOCIAL SECURITY NUMBER [REDACTED]-9754; 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Salesman; 14b. KIND OF BUSINESS OR INDUSTRY Lumber; 15e. INSIDE CITY LIMITS (Specify Yes or No) No; 15a. RESIDENCE - STATE Nevada; 15b. COUNTY Douglas; 15c. CITY, TOWN OR LOCATION Gardnerville; 15d. STREET AND NUMBER 751 Rubio Way; 16. FATHER/PARENT - NAME (First Middle Last Suffix) Joseph David SUSSMAN; 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Berta KLEIN; 18a. INFORMANT - NAME (Type or Print) Ulrica SUSSMAN; 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 751 Rubio Way 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; 20b. FUNERAL DIRECTOR LICENSE NUMBER 823; 20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703; 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) KAMERON FERDOWSALI M.D.; 21b. DATE SIGNED (Mo/Day/Yr) November 03, 2015; 21c. HOUR OF DEATH 14:15; 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print); 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); 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) Kameron Ferdowsali M.D. 1600 Medical Parkway Carson City, NV 89703; 23b. LICENSE NUMBER 12745; 24a. REGISTRAR (Signature) VERALYNN A BOYACK; 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 03, 2015; 24c. DEATH DUE TO COMMUNICABLE DISEASE YES [] NO [X]; 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Cardiopulmonary Arrest; (b) Acute Respiratory Failure; (c) Hypoxia; (d) Bilateral Bacterial Pneumonia; PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Seizure Disorder; Chronic Obstructive Pulmonary Disease; 26. AUTOPSY (Specify Yes or No) No; 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes; 28a. ACC. TO POLICE UNDER OR PENDING INVESTIGATION; 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

3860899

VR5-Rev-20120523a

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CERTIFIED COPY OF VITAL RECORDS

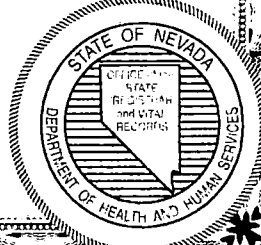
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

11/10/2015

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

STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE