

APN# : 1320-30-813-038

Recording Requested By:

Western Title Company

When Recorded Mail To:

Gail P. Teig

1974 Foothill Rd

Minden, NV

89423

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

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

M. Simpson

Michelle Simpson

Escrow Assistant

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312
(additional recording fee applies)

APN: 1320-30-813-038
RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO:

Gail P. Teig

SPACE ABOVE THIS LINE FOR RECORDER'S USE
AFFIDAVIT - DEATH OF TRUSTEE

STATE OF Nevada)
) SS.
COUNTY OF Douglas

Gail P. Teig, Trustee, of legal age, being first duly sworn, deposes and says:

Roger G. Teig is the decedent mentioned in the attached certified copy of Certificate of Death, as Roger G. Tieg is the same person named as Trustee in that certain Declaration of Trust, executed by Roger G. Teig and Gail P. Teig, Trustees for the Tieg Family 1995 Trust Dated November 30, 1995.

At the time of decedent's death, decedent was the owner, of certain real property acquired by a deed, Greg V. Powning, a married man as his sole and separate property, as to an undivided 50% interest and Louis J. Patetta, Sr., a Widower and Louis J. Patetta, Jr., a married man as his sole and separate property together as joint tenants as to an undivided 50% interest, Grantor, Grants to Roger G. Teig and Gail P. Teig, Trustees for the Tieg Family 1995 Trust Dated November 30, 1995, Grantee recorded on 09/13/2000, as Book 0900, at Page 2561 of Instrument No. 0499466 in Official Records of Douglas County, Nevada, describing the following real property:

See Exhibit A attached hereto and made a part hereof.

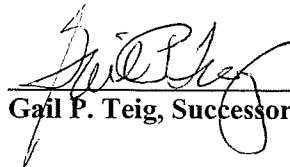
Assessor's Parcel Number(s):
1320-30-813-038

Commonly known as: 1041 Aspen Grove Circle Minden, NV 89423

I am the Successor Trustee of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated 4/7/16

The Tieg Family 1995 Trust Dated November 30, 1995

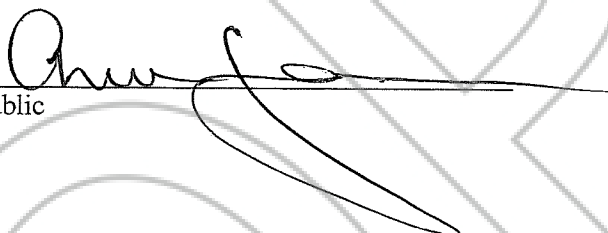


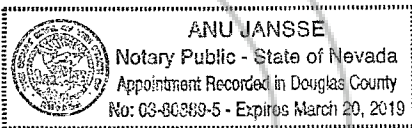
Gail P. Teig, Successor Trustee

STATE OF Nevada,
COUNTY OF Douglas

Subscribed and sworn to (or affirmed) before me on this 7th day
of April, 2016, by Gail P. Teig, Successor Trustee personally known
to me or proved to me on the basis of satisfactory evidence to be the person(s) who
appeared before me.

(seal)

Signature 
Notary public



CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2015005457

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) Roger Glen TEIG		2. DATE OF DEATH (Mo/Day/Year) March 27, 2015		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street an 1974 Foothill Road		3e. If Hosp. or Inst. indicate DOA, OP/Emer: Rm. Inpatient (Specify) Home	
4. SEX Male		5. RACE White (Specify):		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 75		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MIN'S	
8. DATE OF BIRTH (Mo/Day/Yr) July 14, 1939		9a. STATE OF BIRTH (If not U.S.A.) Iowa		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 17		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Gail Judith PETERSEN	
13. SOCIAL SECURITY NUMBER ██████████-3035		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of CEO		14b. KIND OF BUSINESS OR INDUSTRY Agricultural Insurance	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1974 Foothill Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Mandus Peter TEIG			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary Alice HEERS		
18a. INFORMANT - NAME (Type or Print) Gail TEIG		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1974 Foothill Road 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) JOHN STEPHEN KELLEY M.D. 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) March 30, 2015		21c. HOUR OF DEATH 21:51		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) John Stephen Kelley M.D. 3150 N Tenaya Ste 635 Las Vegas, NV 89128				23b. LICENSE NUMBER 5539	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 02, 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				Interval between onset and death	
(a) Cardiomyopathy				1 Year	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Amyloidosis				2 Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				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) 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

382668

573796

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:

4/2/2015

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

STATE REGISTRAR
R. Whitt
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

