

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

**Document No. 2016-879596 is being re-recorded to add the legal description.**

**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

Recorded Electronically  
ID: 2016-879590  
County: DOUGLAS CO.  
Date: 4/19/16 Time: 2:42 PM  
Simplifile.com 800.460.5657

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**When Recorded Mail To:**

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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  
COUNTY OF Douglas ) SS.

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.

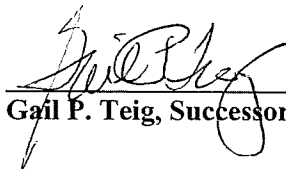
**Assessor's Parcel Number(s):**  
**1320-30-813-038**

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

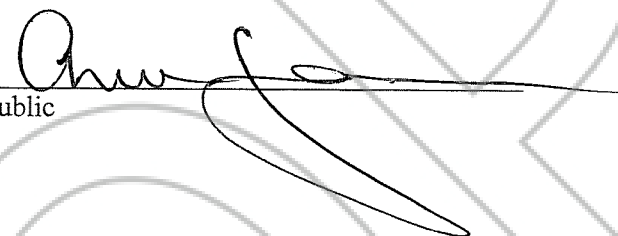
**The Tieg Family 1995 Trust Dated November 30, 1995**

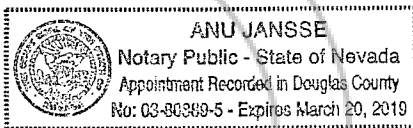
  
\_\_\_\_\_  
Gail P. Teig, Successor Trustee

STATE OF Nevada  
COUNTY OF Douglas

Subscribed and sworn to (or affirmed) before me on this 7<sup>th</sup> 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  
STARTING THE  
UNDERLYING  
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Roger Glen TEIG</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 27, 2015</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and <b>1974 Foothill Road</b>		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify):		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>75</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>July 14, 1939</b>		9a. STATE OF BIRTH (if not U.S.A.) <b>Iowa</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>17</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (Maiden name) <b>Gail Judith PETERSEN</b>	
13. SOCIAL SECURITY NUMBER <b>██████████-3035</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>CEO</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Agricultural Insurance</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>1974 Foothill Road</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Mandus Peter TEIG</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Mary Alice HEERS</b>		
18a. INFORMANT - NAME (Type or Print) <b>Gail TEIG</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1974 Foothill Road Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Truckee Meadows Crematory</b>		19c. LOCATION: City or Town State <b>Sparks Nevada 89431</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>304R</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations</b> <b>1575 N Lompa Ln Carson City NV 89701</b>	
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) <b>JOHN STEPHEN KELLEY M.D.</b> 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) <b>March 30, 2015</b>		21c. HOUR OF DEATH <b>21:51</b>		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) <b>John Stephen Kelley M.D. 3150 N Tenaya Ste 635 Las Vegas, NV 89128</b>					23b. LICENSE NUMBER <b>5539</b>
24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR: (Mo/Day/Yr) <b>April 02, 2015</b>		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) <b>Cardiomyopathy</b> DUE TO, OR AS A CONSEQUENCE OF:				<b>1 Year</b>	
(b) <b>Amyloidosis</b> DUE TO, OR AS A CONSEQUENCE OF:				<b>2 Years</b>	
(c) _____ DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death:	
(d) _____ DUE TO, OR AS A CONSEQUENCE OF:				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 REGISTRAR

3824688

575796

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.

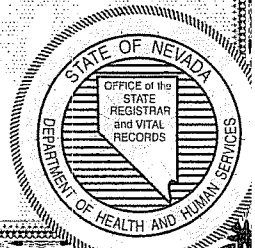
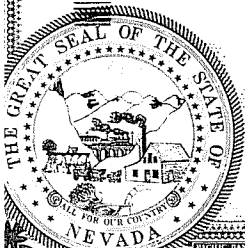
DATE ISSUED:

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



**EXHIBIT "A"**

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

**Lot 15 in Block B as set forth on the Final Map of MOUNTAIN GLEN, PHASE 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 28, 1989 in Book 989, Page 3823, as Document No. 211874.**

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

