

DOUGLAS COUNTY, NV

2016-888384

Rec:\$17.00

\$17.00 Pgs=4

09/30/2016 10:26 AM

ETRCO, LLC

KAREN ELLISON, RECORDER

APN# : 1420-08-311-003

**Recording Requested By:**

Western Title Company

**When Recorded Mail To:**

Dolores M. Waschau

1651 Virginia Ave.

Redwood City, CA 94061

**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 \_\_\_\_\_

*Carrie Lindquist*

Carrie Lindquist

Escrow Officer

**Affidavit Death of Joint Tenant**

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

**AFFIDAVIT - DEATH OF JOINT TENANT**

Dolores M. Waschau, of legal age, being first duly sworn, deposes and says:

That Rudolph D. Waschau, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Rudolph D. Waschau named as one of the parties in that certain Grant, Bargain and Sale Deed dated 6/26/2002 executed by Michael Bray and Judith Bray to Rudolph D. Waschau and Dolores M. Waschau, husband and wife as joint tenants, recorded as instrument No. 0546219, on 7/1/2002, in Book 0701, Page 000384, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

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

See Exhibit "A" attached hereto for legal description

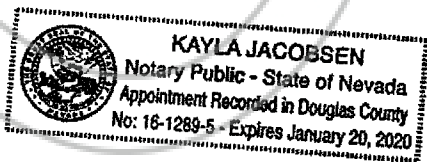
Dated 9/28/2016

Dolores M. Waschau  
Dolores M. Waschau  
Surviving Joint Tenant

STATE OF NEVADA }SS  
COUNTY OF Carson City

This instrument was acknowledged before me on  
September 28, 2016

Kayla Jacobsen  
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

2015020341  
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) <b>Rudolph David WASCHAU</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 10, 2015</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not other, give street or P.O. Box) <b>1005 Vista Ridge Court Home</b>		3d. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify)	
4. SEX <b>Male</b>		5. RACE <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>69</b>		7b. UNDER 1 YEAR MOS   UAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>September 07, 1946</b>		9a. STATE OF BIRTH (If not U.S.A.) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (Maiden name) <b>Dolores Margaret WILKINS</b>	
13. SOCIAL SECURITY NUMBER <b>4852</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) <b>Journeyman Sprinklerfitter</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>United Association Of Sprinklerfitters</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
15d. STREET AND NUMBER <b>1005 Vista Ridge Court</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Rudolph Joseph WASCHAU</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Maria Elena SEGURA</b>		
18a. INFORMANT- NAME (Type or Print) <b>Dolores Margaret WASCHAU</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1005 Vista Ridge Court Carson City, Nevada 89705</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CURT KOESTLER</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>823</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Chapel of the Valley 1281 N Roop Carson City NV 89706</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)			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)		21c. HOUR OF DEATH <b>16:00</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)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		22f. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Steven Lee Elliott M.D. 1200 N. Mountain Street Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>10151</b>	
24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 30, 2015</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
PART I		(a) <b>Congestive Heart Failure</b>		Interval between onset and death	
		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
		(b) <b>Coronary Artery Disease</b>		Interval between onset and death	
		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	
		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. <b>Cerebrovascular Disease, Chronic Obstructive Vascular Tachycardia</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</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.		28h. CITY OR TOWN STATE	

STATE REGISTRAR

3862834

605838

CERTIFIED COPY OF VITAL RECORDS

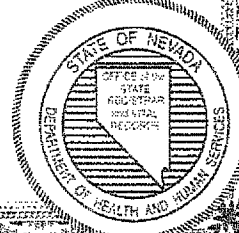
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records

DATE ISSUED: **11/30/2015**

*Rudolph Waschau*  
SIGNATURE AUTHENTICATED

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

VRS-Rev-20120523a



**EXHIBIT "A"**

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

**A parcel of land located in the SUNRIDGE HEIGHTS, PHASE 4 AND 5A, Development in the Northwest 1/4 of Section 8, Township 14 North, Range 20 East, M.D.B.&M., being further described as follows:**

**Beginning at the Northeast corner of Lot 14, as shown on the Final Map , Document No. 340968;**

**thence South 30°23' 50" East, 118.24 feet;**

**thence South 57°57' 22" West, 72.44 feet;**

**thence North 52°10' 48" West 36.17 feet;**

**thence North 58°22' 26" West, 66.73 feet;**

**thence North 24°15' 44" East, 111.77 feet to a point on a curve having a radius of 45.00 feet and a radial bearing of South 54°29' 11" West;**

**thence Easterly along said curve through a central angle of 60°06' 44" and an arc length of 47.21 feet to the true point of beginning.**

**The basis of bearings for the description is North 24°15' 44" East. along the center line of Sunridge Drive, as shown on Document No. 331447, Official Records of Douglas County, Nevada.**

**Reference os made to Record of Survey Supporting a Boundary Line Adjustment and filed for record on December 4, 1998, in Book 1298, Page 1357, as Document No. 455776.**

**NOTE: The above metes and bounds description appeared previously in that certain Deed recorded in the office of the County Recorder of Douglas County, Nevada on July 1, 2002, as Document No. 546219 of Official Records.**

**Assessor's Parcel Number(s):  
1420-08-311-003**