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KAREN ELLISON, RECORDER

Natalia K. Vander Laan, Esq.

A.P.N.: 27-180-21

Recording Requested By:)
Lee T. Ertle)
1029 Nord Court)
Gardnerville, NV 89410)

When Recorded Mail to:)
Lee T. Ertle)
1029 Nord Court)
Gardnerville, NV 89410)

AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF NEVADA)
COUNTY OF Douglas): ss

I, LEE T. ERTLE, of legal age, being first dully sworn, declare under penalty of perjury that:

Laverne M. Silva, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Laverne M. Silva, named as one of the parties in that certain deed dated August 11, 1994, and executed by John W. Hoffman and Waynette K. Hoffman, husband and wife as Joint Tenants to Lee Ertle and Laverne M. Silva, both unmarried persons, as Joint Tenants, recorded on August 24, 1994, as Document No. 344650, in Book 0894, Page 4194, of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

Parcel 1:

That portion of the Southwest 1/4 of Section 10, Township 12 North. Range 20 East, M. D. B. & M., Douglas County, Nevada, more particularly described as follows:

Parcel No. 4, as set forth on that certain Parcel Map for John Robinson filed for record in the office of the County Recorder of Douglas County, Nevada, on January 24, 1978, in Book 178, Page 1466, of Official Records, as Document No. 17005.

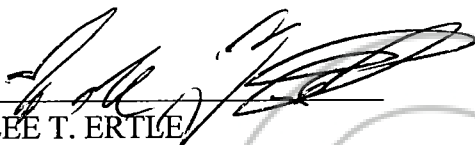
Parcel 2: EASEMENT

TOGETHER WITH an access and utility easement across the Southerly 30 feet of Parcels 2 and 3 as set forth on Parcel Map Parcel Map for John Robinson filed for record in the office of the County Recorder of Douglas County, Nevada, on January 24, 1978, in Book 178, Page 1466, of Official Records.

Laverne M. Silva, the deceased Joint Tenant, died on June 7, 2015, as shown in the attached certified copy of Certificate of Death.

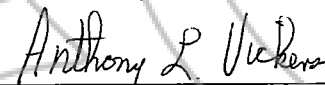
Affiant is the surviving Joint Tenant in the described property.

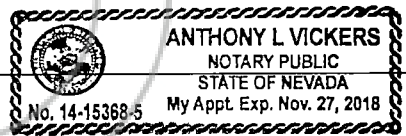
Executed on this 13th day of October, 2016, in Douglas County, State of Nevada.


LEE T. ERTLE

Subscribed and sworn to before me this 13th day of OCTOBER, 2016 by Lee T. Ertle.

My commission expires: 11-27-18


NOTARY PUBLIC



This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this deed assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2015010500
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) Laverne M SILVA		2. DATE OF DEATH (Mo/Day/Year) June 07, 2015		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and 1029 Nord Court		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE White (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 93		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) March 09, 1922		9a. STATE OF BIRTH (if not U.S.A.) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (Maiden name)	
13. SOCIAL SECURITY NUMBER ██████████5303		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Waitress		14b. KIND OF BUSINESS OR INDUSTRY Food	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1029 Nord Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Thomas PLEBIN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mabel Elizabeth LYNCH		
18a. INFORMANT - NAME (Type or Print) Lee ERTLE			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1029 Nord Court Gardnerville, Nevada 89460		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 217		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moana Lane Reno NV 89509	
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) DENVER JOEL MILLER JR. 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) June 17, 2015		21c. HOUR OF DEATH 03:05		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Denver Joel Miller Jr. M.D. 5538 Longley Lane Ste B Reno, NV 89511			
23b. LICENSE NUMBER 7330		24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 23, 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 (a) Metastatic Rectal Cancer					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
(d) DUE TO, OR AS A CONSEQUENCE OF:					
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

3836239

554418

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.

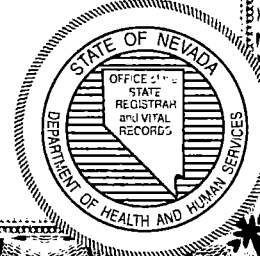
DATE ISSUED:

6/23/2015

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE