

APN: 1220-21-710-177

WHEN RECORDED MAIL TO:

Karen Alltizer
1328 Patricia Drive
Gardnerville, NV 89460

SENT TAX STATEMENTS TO:

Karen Alltizer
1328 Patricia Drive
Gardnerville, NV 89460

Pursuant to NRS 239B.030(4), I affirm that the instrument contained below (or attached hereto) DOES contain a social security number.



00048765201708929130030034

KAREN ELLISON, RECORDER

**AFFIDAVIT OF TERMINATION OF JOINT TENANCY
(Death of Joint Tenant - NRS 111.365)**

I, KAREN ALLTIZER, being of legal age and being first duly sworn, deposes and says:

Affiant was the wife of WILLIAM ALLTIZER, up to and until his death.

WILLIAM ALLTIZER died on the 14th day of August, 2016, in Washoe County, Nevada, and, as a result of his death, all title and interest in and to that real property described below is now vested in your Affiant.

WILLIAM ALLTIZER, the decedent mentioned in the attached certified copy of Certificate of Death, is named as one of the parties in that certain Grant, Bargain and Sale Deed dated 27 May 2014, executed by John Pittman and Elizabeth Melville to William Alltizer and Karen Alltizer, husband and wife, holding title as joint tenants, recorded as Instrument No. 843691 on 30 May 2014, in Book 514, Page 0598 of the Official Records of Douglas County, State of Nevada, for that certain real property more fully described as follows:

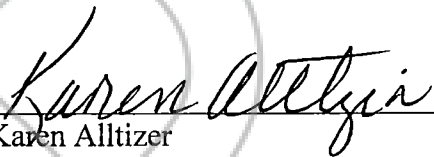
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LOT 435, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 7, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MARCH 27, 1974, AS DOCUMENT NO. 72456.

Per NRS 111.312, this legal description was previously recorded as Document No. 843691, Book No. 514, Page 6598 on 30 May 2014.

Pursuant to NRS 239B.030(4), I affirm that this instrument **DOES** contain personal information and a social security number.

IN WITNESS WHEREOF, I have hereunto set my hand this 29th day of December, 2016.

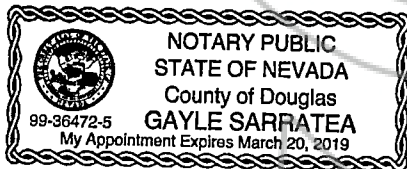


Karen Alltizer

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on the 29 day of December, 2016, by Karen Alltizer.

WITNESS my hand and official seal.





NOTARY PUBLIC

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3909689

CERTIFICATE OF DEATH

2016014948
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) William Arthur ALLTIZER		2. DATE OF DEATH (Mo/Day/Year) August 14, 2016		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Emergency Room / Outpatient	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 75	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		8. DATE OF BIRTH (Mo/Day/Yr) November 20, 1940	
9a. STATE OF BIRTH (if not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Karen MAGNESS			
13. SOCIAL SECURITY NUMBER 9706		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Business Owner		14b. KIND OF BUSINESS OR INDUSTRY Machinist	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1328 Patricia Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Wayne ALLTIZER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Leita MURRAY		
18a. INFORMANT-NAME (Type or Print) Erin EICHHORST		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 705 Bowles Ln, 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) TAMAR R ROBINSON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 870		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
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) SIGNATURE AUTHENTICATED DERRICK MOORE M.D.			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) August 18, 2016		21c. HOUR OF DEATH 18:36		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Robert Peters DO		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) Derrick Moore M.D. 1155 Mill St Reno, NV 89502				23b. LICENSE NUMBER 10291	
24a. REGISTRAR (Signature) SANDI BRIDGES SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 22, 2016		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) Cardiopulmonary Arrest					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Pulseless Electrical Activity					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Etiology Unknown					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Lung Carcinoma aspiration Pneumonia acute Upper Gastrointestinal Bleeding parkinsons Disease				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



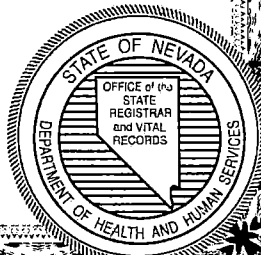
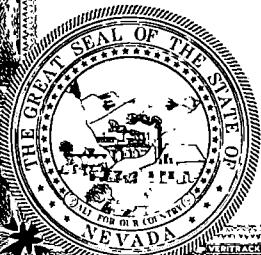
CERTIFIED COPY OF VITAL RECORDS

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: **8/25/2016**

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

Cody Phinney
STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-2d120525a