



DOUGLAS COUNTY, NEVADA, DESCRIBED AS FOLLOWS:  
COMMENCING AT THE WEST 1/4 CORNER OF SECTION  
24, TOWNSHIP 12 NORTH, RANGE 20 EAST, M.D.B. & M.,  
THENCE EAST ALONG THE CENTER LINE OF ARABIAN  
LANE, 3,795.00 FEET PER DOCUMENT NO. 28264 TO THE  
SOUTHWEST CORNER OF THAT CERTAIN PARCEL OF  
LAND CONVEYED TO ANDREW T. MCCARTHY AND  
WIFE IN DEED RECORDED APRIL 23, 1974, IN BOOK 474,  
PAGE 585, AS DOCUMENT NO. 72838 OF OFFICIAL  
RECORDS; THENCE NORTH ALONG THE WEST LINE OF  
SAID MCCARTHY LANDS, 662.00 FEET TO THE  
SOUTHEAST CORNER OF PARCEL NO. 2 PER DOCUMENT  
NO. 75182; THENCE CONTINUING NORTH, 461.00 FEET TO  
THE POINT OF BEGINNING; THENCE WEST 247.50 FEET;  
THENCE NORTH 213.00 FEET TO THE CENTER LINE OF  
SORREL LANE; THENCE EAST ALONG SAID CENTER  
LINE, 247.50 FEET; THENCE SOUTH 213.00 FEET TO THE  
POINT OF BEGINNING. EXCEPTING THEREFROM A  
PORTION LYING WITHIN THE RIGHT-OF-WAY OF  
SORREL LANE, MORE PARTICULARLY DESCRIBED AS  
THE NORTHERLY 25.00 FEET OF ABOVE DESCRIBED  
PARCEL. SAID LAND BEING A PORTION OF PARCEL 2 OF  
THAT CERTAIN PARCEL MAP RECORDED SEPTEMBER 6,  
1974, AS DOCUMENT NO. 75182. BEING THE SAME  
PROPERTY CONVEYED TO THOMAS BAMEY AND  
SHANNON MICHELLE BAMEY, HUSBAND AND WIFE AS  
JOINT TENANTS BY DEED FROM SHANNON MICHELLE  
BAMEY, A MARRIED WOMAN AS HER SOLE AND  
SEPARATE PROPERTY RECORDED 08/16/2006 I DEED  
BOOK 806 PAGE 6499, IN THE DOUGLAS COUNTY,  
NEVADA, RECORDER'S OFFICE.

2. That ROBERTA C. SCHAEFER, also known as ROBERTA CLAIRE  
SCHAEFER, died on December 8, 2016. A Certificate of Death of ROBERTA CLAIRE  
SCHAEFER is attached hereto.

3. That at the time of death of ROBERTA C. SCHAEFER, title to the above-referenced real property continued to be held by ROBERT S. SCHAEFER and ROBERTA C. SCHAEFER, husband and wife, as joint tenants with right of survivorship.

4. That the undersigned, ROBERT S. SCHAEFER, is the surviving spouse of ROBERTA C. SCHAEFER and the surviving joint tenant.

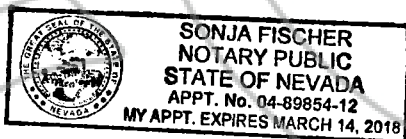
5. That this affidavit is executed pursuant to NRS 111.365.

DATED on JANUARY 31, \_\_\_\_\_, 2017.

Robert S. Schaefer  
ROBERT S. SCHAEFER

On January 31, 2017, personally appeared before me, a notary public, ROBERT S. SCHAEFER, personally known (or proved) to me to be the person whose name is subscribed to the foregoing Affidavit of Death of Joint Tenant, who acknowledged to me that he executed the foregoing document.

Sonja Fischer  
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. 3929671

**CERTIFICATE OF DEATH**

2016022426  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Roberta Claire SCHAEFER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 08, 2016</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and inpatient)(Specify) <b>1925 Sorrel Lane Home</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. <b>Home</b>	
DECEDENT	4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) <b>71</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		7c. UNDER 1 DAY HOURS   MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) <b>January 05, 1945</b>		9a. STATE OF BIRTH (if not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
	10. EDUCATION <b>13</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Robert S SCHAEFER</b>	
PARENTS	13. SOCIAL SECURITY NUMBER <b>██████-4317</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Cosmotologist</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Beauty Salon</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	15d. STREET AND NUMBER <b>1925 Sorrel Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Edward Henry JIRAK</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Gladys Marietta MCLEAN</b>		18a. INFORMANT- NAME (Type or Print) <b>Robert S SCHAEFER</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO Box 2754 Gardnerville, Nevada 89410</b>	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Independence Cemetery</b>		19c. LOCATION City or Town State <b>Independence California 93526</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>DARREN K HILL</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>884</b>		20c. NAME AND ADDRESS OF FACILITY <b>Waltons Funerals &amp; Cremations-Chapel of the Valley</b> <b>1281 N Roop Carson City NV 89706</b>	
CERTIFIER	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>SIGNATURE AUTHENTICATED</b> <b>NITA SCHWARTZ M.D.</b>		21b. DATE SIGNED (Mo/Day/Yr) <b>December 12, 2016</b>		21c. HOUR OF DEATH <b>10:30</b>	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	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>Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>9114</b>		24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b> <b>SIGNATURE AUTHENTICATED</b>	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 13, 2016</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 (a) <b>Squamous Cell Adenocarcinoma Of Lung With Metastasis</b>	
	25a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		25b. DATE OF INJURY (Mo/Day/Yr)		25c. HOUR OF INJURY	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25d. DESCRIBE HOW INJURY OCCURRED		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
	28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28c. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR



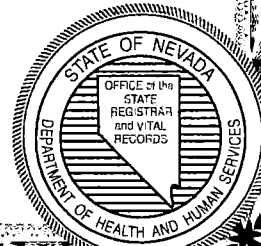
CERTIFIED COPY OF VITAL RECORDS

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: **12/30/2016**

*Cody P. King*  
**SIGNATURE AUTHENTICATED**

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE