

APN # 1022-16-002-029

Escrow # 00230030 --FA

Recording Requested By:  
First Centennial Title Company  
1450 Ridgeview Dr. #100  
Reno, NV 89509

When Recorded Return to:  
**Rudolph H. Witt**  
15336 Macdonald Rd  
Grass Valley, CA 95949

Mail Tax Statements to:  
Elias Sidon and Annette Sidon  
3625 Granite Way  
Wellington, NV 89444-9454

SPACE ABOVE FOR RECORDERS USE

**Affidavit – Death of Joint Tenants**

(Title of Document)

**Please complete Affirmation Statement below:**

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

**-OR-**

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 as required by law: NRS 440.380 (1) (state specific law).



SIGNATURE

Title Assistant

TITLE

Roseanne Cusumano

Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

**This cover page must be typed or printed in black ink.**

(Additional recording fee applies)

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Escrow No. 00230030 - 001 -

When Recorded Return to:

Rudolph H. Witt  
15336 Macdonald Rd  
Grass Valley, CA 95949

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**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF NEVADA  
COUNTY OF DOUGLAS

} ss:

Rudolph H. Witt, of legal age, being duly sworn, deposes and says

That Lillian F. Witt the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Lillian F. Witt named as one of the parties in that certain Joint Tenancy Deed dated June 19, 1992 executed by Gerald Bonfiglio and Susan E. Bonfiglio, husband and wife to Rudolph H. Witt and Lillian F. Witt, Husband and Wife, as joint tenants, recorded as Instrument No. 283303, on July 14, 1992 in Book 792 Page 2031 of Official Records of Douglas County, Nevada, covering the following described property.

Lot 21, in Block K, of TOPAZ RANCH ESTATES, UNIT NO. 4, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on November 16, 1970, in Book 81, Page 214, as Document No. 50212.

Dated: 9-25-17

Signature Line appears on 2<sup>nd</sup> page

SPACE BELOW FOR RECORDER

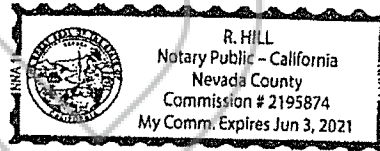
Rudolph H. Witt  
Rudolph H. Witt

State of: CALIF

County of: NEVADA

SUBSCRIBED AND SWORN TO before me on this 25 day of SEPT, 2017  
By: Rudolph H. Witt

R. Hill  
NOTARY PUBLIC



SPACE BELOW FOR RECORDER

**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH  
VITAL STATISTICS  
CERTIFICATE OF DEATH**

**2006003475**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

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 Lillian			1b. MIDDLE F			1c. LAST WITT			2. DATE OF DEATH (Mo/Day/Year) November 01, 2006			3a. COUNTY OF DEATH Carson City			
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City				3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) Evergreen Mountain View Health & Rehab Ctr				3e. If Hosp. or Inst. Indicate DOA, OP/Emor. Rm. (Inpatient)(Specify) Inpatient			4. SEX Female				
5. RACE-(e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic			7a. AGE-Last birthday (Years) 84			7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) March 16, 1922		
9a. STATE OF BIRTH (if not U.S.A., name country) California			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 12			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Rudy WITT			
13. SOCIAL SECURITY NUMBER [REDACTED]-7796				14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Assembler				14b. KIND OF BUSINESS OR INDUSTRY Aircraft Manufacturing							
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Wellington			15d. STREET AND NUMBER 3625 Granite Way			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER - NAME (First Middle Last Suffix) Comer TATE						17. MOTHER - NAME (First Middle Last Suffix) Alice BROWN									
18a. INFORMANT- NAME (Type or Print) Rudy WITT						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3625 Granite Way Wellington, Nevada 89444									
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation						19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory			19c. LOCATION City or Town State Carson City Nevada 89701						
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICK NOEL</b> SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop Carson City NV 89708									
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 <b>LAURENCE GEORGE GAY M.D.</b>						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) November 02, 2006			21c. HOUR OF DEATH 05:40			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH						
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						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) Laurence George Gay M.D. Po Box 19936 Reno, NV										23b. LICENSE NUMBER 5152					
24a. REGISTRAR (Signature)						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)			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) Cardiac Arrest						Interval between onset and death Seconds									
DUE TO, OR AS A CONSEQUENCE OF: (b) Aspiration pneumonia						Interval between onset and death Days									
DUE TO, OR AS A CONSEQUENCE OF: (c) Dysphagia						Interval between onset and death Weeks									
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. End Stage Alzheimers, HTN										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

507103

QRRev:52

143967

CERTIFIED COPY OF VITAL RECORDS

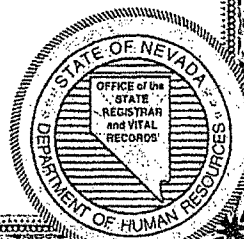
This is a true and exact copy of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

SIGNATURE AUTHENTICATED

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE