

When recorded mail to;

Robert E.Stewart

P.O. Box 366

Minden, NV 89423



KAREN ELLISON, RECORDER

APN: 1320-05-001-034

**AFFIDAVIT OF SURVIVING JOINT TENANT**

State of Nevada  
County of Douglas

Now on this 3<sup>RD</sup> day of MAY, 2018, I, Robert E. Stewart, of lawful age, being duly sworn, states as follows:

On the 27<sup>th</sup> day of August, 2013, Interest was conveyed by document to Robert E. & Susan E Stewart as Joint Tenants, with the right of survivorship, the following real property situated in Douglas County, Nevada. *DOC # 824751*

to wit:

Document was recorded in the records of the County Clerk of Douglas County, State of Nevada,  
Parcel 3B, Instrument No 375723, Book 1195, Page 4394

Attached hereto a certified copy of the Death Certificate of Susan E. Stewart deceased, issued by the Department of Health for the State of Nevada showing that the deceased Joint Tenant died on the 6th day of May, 2016.

Affiant further states that he/she is the surviving joint tenant in the described property, and that the decedent named in the certificate of death is one and the same person as the joint tenant named in the deed recorded as above set forth.

Affiant further states that on the date of deceased joint tenant's death the two were married to each other and that affiant is the surviving spouse.

And further affiant saith not.

Signed  
Affiant

*[Signature]*  
Robert E Stewart

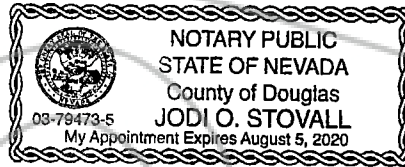
Notary Public

State of Nevada)  
County of Douglas)

Before me, the undersigned, a Notary Public, in and for said County and State on the 3<sup>rd</sup> day of MAY, 2018, personally appeared "Robert E. Stewart" to me known to be the identical person who executed the within and foregoing instrument  
IN WITNESS WHEREOF, I have hereunto set my official signature and affixed my official seal the day and year first above written.

My Commission Expires: 8-5-20

*Jodi O. Stovall*  
NOTARY PUBLIC



COPY

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

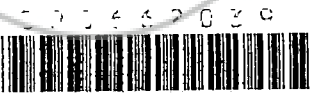
CASE FILE NO. 3893344

**CERTIFICATE OF DEATH**

**2016008526**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Susan Elizabeth STEWART</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 06, 2016</b>		3a. COUNTY OF DEATH <b>Washoe</b>		
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and city) <b>Renown Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) <b>Inpatient</b>		
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>66</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>16</b>		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER <b>██████████-1674</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) <b>Underwriter</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Insurance</b>		
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>		
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Frank Peter SOMMER</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Elizabeth Ann HATCH</b>			
	18a. INFORMANT- NAME (Type or Print) <b>Robert E STEWART III</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO Box 366 Minden, Nevada 89423</b>				
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>La Paloma Reno</b>		19c. LOCATION City or Town State <b>Reno Nevada</b>		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>DUSTIN OLSON</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>779</b>		20c. NAME AND ADDRESS OF FACILITY <b>Simple Cremation Reno</b> <b>4800 Kietzke Lane, Ste. G-173 Reno NV 89503</b>		
TRADE CALL	TRADE CALL - NAME AND ADDRESS						
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>SEAN T LINSTEDT M.D.</b> 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) <b>May 11, 2016</b>		21c. HOUR OF DEATH <b>05:53</b>		22b. DATE SIGNED (Mo/Day/Yr)		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>David K Ritchie M.D.</b>			22c. HOUR OF DEATH			
	21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>David K Ritchie M.D.</b>			22d. PRONOUNCED DEAD (Mo/Day/Yr)			
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Sean T Linstedt M.D. 1155 Mill St Reno, NV 89502</b>				23b. LICENSE NUMBER <b>15720</b>		
	24a. REGISTRAR (Signature) <b>SANDI BRIDGES</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 11, 2016</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					Interval between onset and death	
	PART I					Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) <b>Respiratory Arrest</b>					Interval between onset and death	
	(b) <b>Multiple Sclerosis</b>					Interval between onset and death	
	(c) <b>Acute Respiratory Failure</b>					Interval between onset and death	
	(d) <b>Seizure</b>					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>Unknown Etiology</b>					26. AUTOPSY (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. CITY OR TOWN STATE			

STATE REGISTRAR  
Information Corrected, State Affidavit# 65040, 02/06/2017 - 16b 16c 17a 17b



CERTIFIED COPY OF VITAL RECORDS

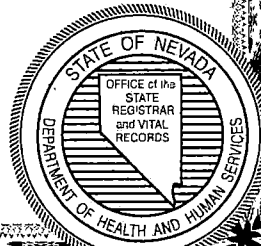
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

**FEB 27 2017**

*Cody Phinney*  
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]