

APN: 1418-34-110-042

Recording Requested By:

Lance N. McKenzie, Esq.  
McDonald Carano, LLP  
P. O. Box 2670  
Reno, NV 89505

Mail Future Tax Statements To:

Jean M. Rottman  
450 Anitra Drive  
Reno, Nevada 89511

The undersigned hereby affirms that this document submitted for recording **DOES** contain the personal information of the decedent per NRS 239B.030(2)(a), NRS 440.380(1)(a) and NRS 40.525(5).

**AFFIDAVIT OF DEATH BY SURVIVING JOINT TENANT**

STATE OF NEVADA )

: ss.

COUNTY OF WASHOE )

JEAN M. ROTTMAN, being first duly sworn, upon oath deposes and says:

1. Affiant is over the age of twenty-one years, legally competent and possessed of her rights.
2. DICK L. ROTTMAN, the decedent mentioned in the certified copy of the Certificate of Death attached hereto as Exhibit "A", and incorporated herein and made a part hereof by this reference, is the same person as DICK L. ROTTMAN named in that certain Grant, Bargain and Sale Deed dated May 20, 1997, executed by DICK L. ROTTMAN and JEAN M. ROTTMAN, husband and wife as joint tenants with right of survivorship, as to an undivided one-half interest, recorded as Document No. 0413293 on May 23, 1997, of Official Records of the County of Douglas, State of Nevada, regarding the real property particularly described in Exhibit "B".

TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

3. Affiant further states that DICK L. ROTTMAN, died in the County of Washoe, State of Nevada, on March 11, 2017, and, at the time of his death, DICK L. ROTTMAN, was the co-holder together with Affiant, as joint tenants with rights of survivorship, of the aforesaid Grant, Bargain and Sale Deed, and that the said decedent had not prior to the time of death conveyed or transferred his interest in said obligations or the said Deed.

DATED: This 4 day of June, 2018.

  
\_\_\_\_\_  
JEAN M. ROTTMAN

Subscribed and sworn to before me this  
This 4 day of June, 2018.

  
\_\_\_\_\_  
NOTARY PUBLIC


 COURTNEY EDWARDS  
Notary Public - State of Nevada  
Appointment Recorded in Washoe County  
No: 13-10562-2 Expires April 6, 2021

EXHIBIT "A"

DEATH CERTIFICATE



# STATE OF ARIZONA

## CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS  
CERTIFICATE OF DEATH

State File NO. 102- 2017-011445

|   |   |  |  |  |  |   |  |
|---|---|--|--|--|--|---|--|
| 1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST)<br><b>DICK LAVELLE ROTTMAN</b>   |   |  |  | 2. AKA'S (IF ANY)  |  | 3. DATE OF DEATH<br><b>03/11/2017</b>       |  |
| 4. SEX<br><b>MALE</b>   | 5. SOCIAL SECURITY NUMBER:<br><b>0958</b>   | 6. DATE OF BIRTH<br><b>10/25/1937</b>  | 7. AGE<br><b>79</b>  | 8. MONTHS<br><b>UNDER 1 YEAR</b>   |  | 9. DAYS<br><b>UNDER 1 DAY</b>               |  |
| 10. HOURS   | 11. MINUTES   | 12. PLACE OF DEATH - HOSPITAL:<br><input type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL                 | 13. PLACE OF DEATH - OTHER THAN HOSPITAL:<br><input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input checked="" type="checkbox"/> OTHER RESIDENCE | 14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY):<br><b>17308 E ALTA LOMA</b> | 15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH:<br><b>FOUNTAIN HILLS 85268</b>                           |   | 16. COUNTY OF DEATH:<br><b>MARICOPA</b>    |
| 17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)<br><b>TABLE ROCK, NEBRASKA</b>   |   |  | 18. MARITAL STATUS AT TIME OF DEATH:<br><b>MARRIED</b>   |  | 19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)<br><b>JEAN MARIE RUYLE</b>                            |   |  |
| 20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS:<br><b>450 ANITRA DR</b>  |   |  | 21. CITY AND COUNTY:<br><b>RENO, WASHOE</b>  |  | 22. STATE<br><b>NEVADA</b>   | 23. ZIP CODE<br><b>89511</b>                | 24. EVER IN THE ARMED FORCES<br><b>YES</b> |
| 25. WAS DECEDENT OF HISPANIC ORIGIN?<br><input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO<br><input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO<br><input type="checkbox"/> YES, PUERTO RICAN<br><input type="checkbox"/> YES, CUBAN<br><input type="checkbox"/> YES, OTHER (SPECIFY)<br><br><input type="checkbox"/> UNKNOWN | 26. DECEDENT'S RACE(S):<br><input checked="" type="checkbox"/> WHITE<br><input type="checkbox"/> BLACK, AFRICAN AMERICAN<br><input type="checkbox"/> NATIVE HAWAIIAN<br><input type="checkbox"/> ASIAN INDIAN<br><input type="checkbox"/> CHINESE<br><input type="checkbox"/> FILIPINO<br><input type="checkbox"/> JAPANESE<br><input type="checkbox"/> GUAMANIAN OR CHAMORRO<br><input type="checkbox"/> KOREAN<br><input type="checkbox"/> VIETNAMESE<br><input type="checkbox"/> SAMOAN<br><input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE | 27. IF AMERICAN INDIAN OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES, PRIMARY OR ENROLLED TRIBE:<br><br>ADDITIONAL TRIBE:<br><br>ADDITIONAL TRIBE:<br><br>ADDITIONAL TRIBE: | 28. OCCUPATION:<br><b>INSURANCE EXECUTIVE</b>  | 29. FATHER'S NAME (FIRST, MIDDLE, LAST)<br><b>FRIEDRICK CHRISTIAN ROTTMAN</b>        | 30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE)<br><b>EMMA MARGUERITE ANTHOLZ</b> |   |  |
| 31. INFORMANT'S NAME<br><b>JEAN MARIE ROTTMAN</b>   |   |  | 32. RELATIONSHIP:<br><b>SPOUSE</b>   | 33. INFORMANT'S MAILING ADDRESS:<br><b>450 ANITRA DR, RENO, NEVADA 89511</b>         |  |   |  |
| 34. NAME AND ADDRESS OF FUNERAL FACILITY:<br><b>MESSINGER FOUNTAIN HILLS MORTUARY 12065 NORTH SAGUARO BLVD., FOUNTAIN HILLS, AZ</b>   |   |  | 35. FUNERAL DIRECTOR:<br><b>ALLAN H RUBY, FUNERAL DIRECTOR</b>   |  | 36. LICENSE NUMBER:<br><b>F1025</b>  |   |  |
| 37. METHOD(S) OF DISPOSITION:<br><b>CREMATION</b>   | 38. NAME AND LOCATION OF 1st DISPOSITION FACILITY:<br><b>PARADISE MEMORIAL CREMATORY, INC., SCOTTSDALE, ARIZONA</b>   |  | 39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY:<br><b>NONE</b>  |  |  |   |  |
| <b>MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I</b>  |   |  |  |  |  |   |  |
| IMMEDIATE CAUSE OF DEATH  | 40. A<br><b>PROSTATE CANCER, CELL-TYPE UNKNOWN, STAGE IV</b>  | 41. APPROXIMATE INTERVAL:<br><b>34 MONTHS</b>  |  |  |  |   |  |
| DUE TO OR AS A CONSEQUENCE OF:  | 42. B   | 43. APPROXIMATE INTERVAL:  |  |  |  |   |  |
| DUE TO OR AS A CONSEQUENCE OF:  | 44. C   | 45. APPROXIMATE INTERVAL:  |  |  |  |   |  |
| DUE TO OR AS A CONSEQUENCE OF:  | 46. D   | 47. APPROXIMATE INTERVAL:  |  |  |  |   |  |
| <b>CAUSE OF DEATH PART II</b>   |   |  |  |  |  |   |  |
| 48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE:  |   |  |  | 49. INJURY?<br><b>NO</b>   | 50. INJURY AT WORK?<br><b>NO</b>   | 51. MANNER OF DEATH<br><b>NATURAL DEATH</b> | 52. TIME OF DEATH<br><b>2053</b>           |
|   |   |  |  | 53. WAS AN AUTOPSY PERFORMED?<br><b>NO</b>   | 54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?                                      |   |  |
| <b>CAUSE AND MANNER OF DEATH CERTIFICATION</b>  |   |  |  |  |  |   |  |
| <input checked="" type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated.  |   |  |  | 55. NAME OF PERSON COMPLETING CAUSE OF DEATH:<br><b>VANDANA SINHA, M.D.</b>          |  | 56. DATE CERTIFIED:<br><b>03/14/2017</b>    |  |
| <input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - 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) and manner stated.  |   |  |  | 58. NAME OF REGISTRAR:<br><b>MICHELE CASTANEDA-MARTINEZ</b>                          |  | 59. DATE REGISTERED:<br><b>03/22/2017</b>   |  |
| 57. CERTIFIER'S ADDRESS:<br><b>2020 E WOODSIDE CT. GILBERT, AZ 85297</b>  |   |  |  |  |  |   |  |

DATE ISSUED: 03/29/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA.  
Revised 07/2016

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**

J0326049

*Krystal Colburn*  
**KRYSTAL COLBURN**  
ASSISTANT STATE REGISTRAR

**ARIZONA DEPARTMENT OF HEALTH SERVICES**

**EXHIBIT "B"**  
**LEGAL DESCRIPTION**

Lot 5 in Block "B" of Lincoln Park as laid down or delineated in and upon- the Official Map or Plat of said Lincoln Park duly certified, acknowledged and approved, and now on file and of record in the Office of the County Recorder of Douglas County, Nevada, to which said Official Map or Plat special reference is hereby made, and the same is hereby made a part hereof, together with access to Lake Tahoe via the north and south access roadways depicted on said Official Map or Plat, together with the dedicated and accepted roadway adjacent to Lake Tahoe.