

APN# 1220-04-112-033



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:
Name: Michael T. Wentz
Address: 1652 Mono Ave
City/State/Zip: Minden, NV 89423

Mail Tax Statements to:
Name: Michael T. Wentz
Address: 1652 Mono Ave.
City/State/Zip: Minden, NV 89423

Affidavit - Death of Joint Tenant

Title of Document (required)

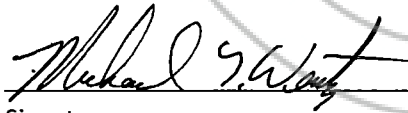
------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)



Signature

Micheal T. Wentz

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

APN: 1220-04-112-033

RECORDING REQUESTED BY:

Michael T. Wentz
1652 Mono Ave.
Minden, NV 89423

AFTER RECORDATION, RETURN BY MAIL TO:

Michael T. Wentz
1652 Mono Ave.
Minden, NV 89423

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF JOINT TENANT

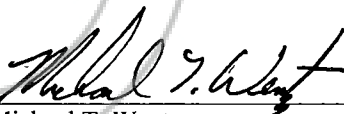
STATE OF NEVADA)
) ss:
COUNTY OF DOUGLAS)

Michael T. Wentz, being 18 years or over, being first duly sworn, deposes and says:

The decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Connie L. Wentz named as one of the parties in that certain Grant, Bargain, Sale Deed dated November 26, 2007, executed by Connie L. Wentz to Connie L. Wentz, an unmarried woman, Micheal T. Wentz and Tricia Wentz, husband and wife (surviving tenants), and Kelli A. Weston, an unmarried woman, now known as Kelli A. Marshall (surviving tenant), all as joint tenants with right of survivorship, and recorded on November 26, 2007, in Book 1107, at Page 6525, Document No. 0713687 of Official Records of Douglas County, State of Nevada, covering the following described real property in said County, State of Nevada:

Lot 59, as shown on the map of KINGSLANE UNIT NO. 2, filed in the office of the County Recorder of Douglas County, Nevada on December 20, 1971, as File No. 55958.

Dated: 7-11-18



Michael T. Wentz

State of Nevada)
) ss.
County of Douglas)

Subscribed and sworn to (or affirmed) before me on this 11 day of July, 2018, by Michael T. Wentz, proved to me on the basis of satisfactory evidence to be the person(s) who appear before me.

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. 3955933

CERTIFICATE OF DEATH

2017009051

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) Connie Lee WENTZ		2. DATE OF DEATH (Mo/Day/Year) May 10, 2017		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 Carson Tahoe Regional Medical Center Inpatient(Specify) Inpatient		3e. If Hosp. or Inst. indicate DOA,OP/Emor. Rm. Inpatient	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 74		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) February 19, 1943		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) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER -8016		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Cafeteria Supervisor		14b. KIND OF BUSINESS OR INDUSTRY Food Service	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1323 Kingslane Ct.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Frank Lefever MERRILL			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Betty Jean CHADWICK		
18a. INFORMANT- NAME (Type or Print) Mike WENTZ		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1652 Mono Ave Minden, Nevada 89423			
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 89708	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CRAIG R COLEMAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD921		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-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) RICARDO ALMAGUER MD 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) May 15, 2017		21c. HOUR OF DEATH 13:50		22b. DATE SIGNED (Mo/Day/Yr)	
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) Ricardo Almaguer MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 925	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 16, 2017		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				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Acute Hypoxic Respiratory Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Acute Toxic And Metabolic Encephalopathy				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Myelodysplastic Syndrome				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I Unknown Etiology				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

000674152



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.

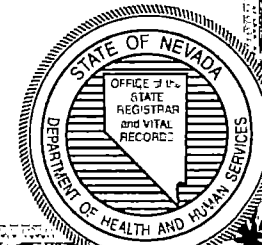
DATE ISSUED:

5/23/2017

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

Cody J. [Signature]
REGISTRAR

SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE