

APN# : 1420-33-701-020

Recording Requested By:

Western Title Company

When Recorded Mail To:

Manfred Stumpp

P.O. Box 2107

Minden, NV 89423

Mail Tax Statements to: (deeds only)

same as above

(space above for Recorder's use only)

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. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature



Wendy Dunbar

Escrow Officer

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT - DEATH OF JOINT TENANT

Manfred Stumpp, of legal age, being first duly sworn, deposes and says:

That Anna Stumpp, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Anna Stumpp named as one of the parties in that certain Joint Tenancy Deed dated 1/12/1995 executed by Roland E. Lemus who acquired title as R.E. Lemus and Patricia L. Lemus, husband and wife to Manfred Stumpp and Anna Stumpp, husband and wife as joint tenants with right of survivorship, and not as tenants in common, recorded as instrument No. 354358, on 1/13/1995, in Book 0195, Page 1933, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Parcel D-4 as set forth on the Parcel Map #2 for Roland Lemus, being a portion of Section 33, Township 14 North, Range 20 East, M.D.B.&M., filed for record in the office of the Douglas County Recorder, State of Nevada, on August 27, 1981 in Book 881, Page 1881, as Document No. 59766, being a redivision of Parcel D of that certain Parcel Map filed for record on April 25, 1979, in Book 479, Page 1377, as Document No. 31831, Official Records.

Dated 8-8-18

Manfred Stumpp
Manfred Stumpp - Surviving Joint Tenant

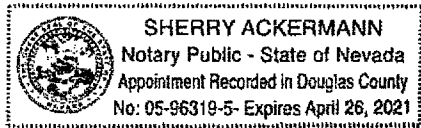
STATE OF NEVADA } SS

COUNTY OF Douglas

This instrument was acknowledged before me on August 8, 2018

by Manfred Stumpp.

Sherry Ackermann
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. 3975398

CERTIFICATE OF DEATH

2017016633

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) Anna STUMPP		2. DATE OF DEATH (Mo/Day/Year) August 31, 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 or Carson Tahoe Regional Medical Center Inpatient(Specify) Inpatient		4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (years) 81	
9a. STATE OF BIRTH (if not US/CA, name country) Hungary		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Manfred STUMPP		8. DATE OF BIRTH (Mo/Day/Yr) May 09, 1936	
13. SOCIAL SECURITY NUMBER [REDACTED]-3735		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Clerk		14b. KIND OF BUSINESS OR INDUSTRY Retail	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2655 Beckv St.		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
18. FATHER/PARENT - NAME (First Middle Last Suffix) Johann SORDEL			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Katharina SCHMIERMUND		
18a. INFORMANT - NAME (Type or Print) Manfred STUMPP		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 2107 Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Crementation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
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 Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
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) AMANDA M GRIFFITH DO 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) September 06, 2017		21c. HOUR OF DEATH 10:33		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		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) Amanda M Griffith DO 1600 Medical Pkwy Carson City, NV 89703				23b. LICENSE NUMBER DO1685	
24a. REGISTRAR (Signature) SHERIE A CONNELL SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 06, 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					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Acute Respiratory Failure					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Metastatic Renal Cell Carcinoma With Lung Metastasis					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Chronic Kidney Disease Stage Three					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Hypertension; Unknown Etiology				25. AUTOPSY (Specify Yes or No) No	
26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED					
28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY - At home, farm, street, factory, office, public, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

000686570



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: **9/8/2017**

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

[Signature]
SIGNATURE AUTHENTICATED

