CHRISTIAN E. IVERSEN, ATTY APN# 1319-19-213-001 Recording Requested by/Mail to: Name: Christian E. Iversen KAREN ELLISON, RECORDER Address: 605- 13th St. City/State/Zip: Paso Robles, CA 93446 **Mail Tax Statements to:** Name: Alyssia J. Wanick Address: 840 Pocahontas Cir. City/State/Zip: Paso Robles, CA 93446 Affidavit of 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 Christian E. Iversen **Printed Name** This document is being (re-)recorded to correct document #______ and is correcting

DOUGLAS COUNTY, NV

Rec:\$35.00

Total:\$35.00

2018-921452

Pgs=4

10/29/2018 11:24 AM

APN: 1319-19-213-001

Recording Requested By and When Recorded Mail To:

CHRISTIAN E. IVERSEN 605 Thirteenth Street Paso Robles, CA 93446

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF CALIFORNIA)	
)	
COUNTY OF SANTA BARBARA)	_ ^

LINDA WANICK, of legal age, being first duly sworn, deposes and says:

That EDWARD LEE WANICK, the decedent named in the attached certified copy of Certificate of Death, died May 3, 2018, and is the same identical person as EDWARD WANICK named as one of the parties in that certain deed dated February 6, 2012, executed by TRACY ELISABETH YOUNG, Trustee of the TRACY ELISABETH YOUNG LIVING TRUST, under trust agreement dated 11-28-05, to EDWARD WANICK and LINDA WANICK, as husband and wife as Joint Tenants, recorded on May 10, 2012, as Document No.: 802160, of Official Records of Douglas County, Nevada, covering the property described as follows:

Unit A, as set forth on that Condominium Map of Lot 419, Second Amended Map of Summit Village recorded May 26, 1981 in Book 581 of Official Records, at Page 1448, Douglas County, Nevada, said map being a Condominium Map of Lot 419, as shown on the Second Amended Map of Summit Village, recorded in the Office of the County Recorder of Douglas County, Nevada, on January 13, 1969.

Together with an undivided 1/4 interest in the common area, as shown an set forth on said Condominium Map.

Subject to

- 1. All general and special taxes for the current fiscal year.
- 2. Covenants, Conditions, Restrictions, Reservations, Rights of Way and Easements now of record.

TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

LINDA WANICK is the surviving joint tenant.

Dated: October 20, 2018.

Brinda Warrick

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA)
COUNTY OF SANTA BARBARA)

Subscribed and sworn to (or affirmed) before me this day of October, 2018, by Linda Wanick, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

SEAN LAVERTY
COMM. #2089670
NOTARY PUBLIC - CALIFORNIA
SANTA CRUZ COUNTY
My Commission Expires 11/11/2018

Notary Public

SANTA BARBARA COUNTY

PUBLIC HEALTH DEPARTMENT

	305201		CERTIFICATE OF DEATH								3201842001229							
	STATE FILE NUMBER						USE BLACK DRY, ONLY / NO ERSURES, MATEOUTS OR ALTERATIONS VS-114/REV 2/05)								STRATIO	-	\perp	
.<	1. NAME OF DECEDENT-FIRST (GIVEN) EDWARD					2. MIDDLE 3. LAST (F2mBy) LEE WANICK											\	1
VAL DAT	AKA. ALSO KNOWN AS -	AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)								DF BURTH 2/194	mm/dd/ccy) 4	5. AGE Yrs. 73	Mont	INDER ONE YE	AR I	F UNDER 24 Hours	HOURS Minutes	e. SEX
DECEDENT'S PERSONAL DATA	8. BIRTH STATE/FOREIGN	BIRTH STATE/FOREIGN COUNTRY 10. SOCIAL SECURITY N -8210									RDP (at Time of D		DATE OF DEA 5/03/20		Sc/ccyy	в. ноия 2305	(24 Hours)	
EDENT	13. EDUCATION - Highest Lens/Degree 14/15, WAS DECEDENT HISPANO/LATINOX/USPANISH7 (if yes, see worksheet on back) 16. DECEDENT'S RACE - Up its 3 races may be fisted (see worksheet on back) 18. DECEDENT'S RACE - Up its 3 races may be fisted (see worksheet on back) WHITE																	
DE	17. USUAL OCCUPATION - CUSTOMER E		18, KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction COMPUTER						employment agency, etc.) 19.			30	OCCUPATION					
AL ENCE	20. DECEDENT'S RESIDENCE (Sizest and number, or location) 7112 MADERA DRIVE														The state of the s	The Real Property lies, the Persons is not the Persons in the Pers	Triangle Control	
NECIDENCE	21. CITY GOLETA		UNTY/PROVINCE 29. ZIP GODE NTA BARBARA 93117						47	M.	CA							
INFOR-	28. INFORMANT'S NAME, LINDA J. WAN	VICK, V	VIFE					7112	MADE			GOLET/	A, C	A 9311	or town,	state and 2	p)	
SPOUSE/SRDP AND PARENT INFORMATION	28. NAME OF SURVIVING SPOUSE/SRDP"-FIRST LINDA					29. MIDDLE J.					30, LAST (BURTH NAME) CHRISTENSEN							
	31, NAME OF FATHER/PARENT-FIRST CHARLES					MIDDLE /ILLIA	м				ANICK						ы, віятн : L	STATE
SPOU						MIDDLE VELYI		_	1	- 1	AST (BIRTH I AMSUA		L				SA, BIRTH :	STATE
CTOR/	05/10/2018	•	7112	MADE	RA DR	RIVE, (GOLE	CE OF V	93117		\							
FUNERAL DIRECTOR/ LOCAL REGISTRAR	41. TYPE OF DISPOSITION CR/RES		ł	▶ NOT	URE OF EMB	LMED	tt.	1		1	43.0			CENSÉ NUMBER				
FUNEF	44. NAME OF FUNERAL ESTABLISHMENT WELCH-RYCE-HAIDER FUNERAL CHPLS FD303 • CHARITY DEAN, MD, MPH										(Carrolle)			9/20°				
H.	101, PLACE OF DEATH SANTA BARB	ARA C						-	X] 🕝 [AL, SPECIFY EFVOP	ONE IOS	Hcsp	ER THAN HO	SPITAL, Nursing Home/LT(NE Jecedent's	Other
PLACE OF DEATH	104. COUNTY 105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) SANTA BARBARA 400 WEST PUEBLO STREET										-	106. CITY SANTA BARBARA						
	107. CAUSE OF DEATH Enter the chain of eve is — diseases, highers, or complications — that directly caused death, DO NOT enter terminal events such as acretice small, respectively erried, or verificular function without browing the elicities. DO NOT enter terminal events such as acretice small, respectively. IMMEDIATE CAUSE W RESPIRATORY ARREST.									Orget and Death			REPORTED T	TO CORONERY				
	(Final disease or condition resulting												١,	MINS			RETERRAL MUNISER IOPSY PERFORMED?	
H	Sequentially, list conditions, if any, leading to cause	LUNG									MOS			ES OPSY PERF	X NO			
CAUSE OF DEATH	on Line A. Enter UNDERLYING CAUSE (disease or injury that	\	_											ES	X NO			
CAUSE	initiated the events (D) resulting in death) LAST	the events										(01)		N DETERMINI ES	NG CAUSE?			
	112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE 113. WAS OPERATION PERFORMED FOR ANY CONDITION IN 11EM 107 OR 1127 (IT yes, Set type of operation and data).															į		
And in case of	NO	_ \		7	L	112? (If yes	a, list type o	f operation an	d date.)						113A	YES	REGNANT I	UNK
PHYSICIAN'S CENTIFICATION	114.1 CERTIFY THAT TO THE BEST OF IN FAVORABLES DEATH OCCURRED 115. SIGNATURE A.D TITLE OF CERTIFIER AT THE PRINCIPLE AND THE AND THE AND THE PLASS OF THE PRINCIPLE AND THE										118, LICENSE NUMBER 117, DATE mm/dd/coyy A98918 05/08/2018							
PHYS	Decident Actions Size Decident Cost Stem Alone File The Cost of Cost The Cost The Cost of Cost The Cost																	
	118. CERTIFY THAT IN MY OPNION DEATH OCCURRED AT THE HOUR, DUYE, MOP PLACE STUTED FROM THE CAUSES STATED. MANNER OF DEATH Natural Accident Homobile Suddoo Pension Could not be determined determined determined determined Manner OF DEATH Natural Accident Homobile Suddoo Pension Could not be determined determined determined Manner OF DEATH Natural Accident Homobile Suddoo Pension Could not be determined Williams														fil (24 Hours)			
ONLY	123. PLACE OF INJURY (0	123. PLACE OF IALURY (e.g., home, construction site, wooded area, etc.)																
CORONER'S USE ONLY	124. DESCRIBE HOW INJ.	124. DESCRIBE HOW NUTURY OCCURRED (Events which resulted in Injury)																
CORON	125. LOCATION OF INJUR	TY (Street and	number, or	location, un	d city, and zip) .												
	128. SIGNATURE OF COR	ONER / DEPL	JTY CORON	ER	/		1:	27 DATE mz	r/dd/ccyy	128.	TYPE NAME,	TITLE OF COR	ONER/I	DEPUTY COP	RONER			
STA REGIS			c	7	D	E	*010001003878450*							FAX AUTH.#			CENS	JS TRACT
				1887					V 10									

CERTIFIED COPY OF VITAL RECORD STATE OF CALIFORNIA, COUNTY OF SANTA BARBARA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Registrar, Public Health Department, County of Santa Barbara, California.

DATE ISSUED MAY 1 0 2018



Jean MD



