

APN# 1420-34-810-009

Recording Requested by/Mail to

✓ Name Jenea M. Gottschalk

Address 519 King St.

City/State/Zip Medford, OR 97501

Mail Tax Statements to:

Name Jenea M. Gottschalk

Address 519 King St.

City/State/Zip Medford, OR 97501



00082648201809222180030033

KAREN ELLISON, RECORDER

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

Jenea M. Gottschalk

Printed Name

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

APN 1420-34-810-009

RECORDING REQUESTED BY

Jenea M Gottschalk
519 King St
Medford, OR 97501

AFTER RECORDATION, RETURN BY MAIL TO

Jenea M Gottschalk
519 King St
Medford, OR 97501

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF JOINT TENANT

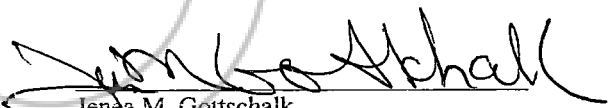
STATE OF OREGON)
) ss
COUNTY OF JACKSON)

JENEA M GOTTSCHALK, 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 Rennie A Gottschalk named as one of the parties in that certain Grant, Bargain, Sale Deed dated November 25, 2008, executed by Rennie A Gottschalk, an unmarried man, to Rennie A Gottschalk, an unmarried man, and Jenea M Gottschalk, an unmarried woman (surviving tenant), as joint tenants, and recorded on November 25, 2008, in Book 1108, at Page 4586, Document No 0733548 of Official Records of Douglas County, State of Nevada, covering the following described real property in Minden, in said County, State of Nevada

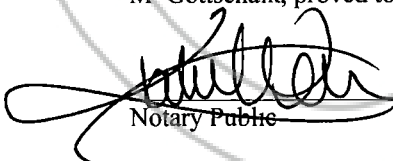
Lot 49, as shown on the map of SIERRA VIEW SUBDIVISION, filed in the office of the County Recorder on April 18, 1960, under File No 15897

Dated 11.7.18


Jenea M Gottschalk

State of Oregon)
) ss
County of Jackson)

Subscribed and sworn to (or affirmed) before me on this 7 day of November, 2018 by Jenea M Gottschalk, proved to me on the basis of satisfactory evidence to be the person 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 4041731

CERTIFICATE OF DEATH

2018018280
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) Rennie Alan GOTTSCHALK		2 DATE OF DEATH (Mo/Da./Yr) September 18, 2018		3a COUNTY OF DEATH Douglas	
3b CITY TOWN OR LOCATION OF DEATH Gardnerville		3c HOSPITAL OR OTHER INSTITUTION Name (If not either, give street and apt's country) Evergreen Gardnerville Health & Rehab Center		3e If Hosp or Inst indicate DOA/OP/Emer Rm Inpatient (Specify) Nursing Home	
4 SEX Male		5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) 64		7b UNDER 1 YEAR MOS DAYS HOURS MINS		7c UNDER 1 DAY HOURS MINS	
8 DATE OF BIRTH (Mo/Day/Yr) February 02, 1954		9a STATE OF BIRTH (If not US CA or 1st's country) California		9b CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 12		11 MARITAL STATUS (Specify) Divorced		12 SURVIVING SPOUSE'S NAME (Last name or first & initial) 	
13 SOCIAL SECURITY NUMBER ██████████1049		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Mechanic		14b KIND OF BUSINESS OR INDUSTRY Auto	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY TOWN OR LOCATION Minden	
15d STREET AND NUMBER 1510 Johnson Ln		15e INSIDE CITY LIMITS (Specify Yes or No) No		16 Ever in US Armed Forces? No	
16a FATHER/PARENT - NAME (First Middle Last Suffix) Robert GOTTSCHALK			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Ellen J JIRSA		
18a INFORMANT NAME (Type or Print) Jenea GOTTSCHALK		18b MAILING ADDRESS (Street or R.F.D. No. City or Town State Zip) 519 King St Medford Oregon 97501			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME FitzHenry's Crematory		19c LOCATION City or Town State Carson City Nevada 89701	
20a FUNERAL DIRECTOR SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD917		20c NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
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) JOSE AGUIRRE 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) September 21 2018		21c HOUR OF DEATH 05 06		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) Jose Aguirre MD 1600 Medical Parkway Carson City NV 89703				23b LICENSE NUMBER 11479	
24a REGISTRAR (Signature) BREECE D FLORES SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 24, 2018		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					
(b) Metastatic Carcinoma Interval between onset and death					
(c) Chronic Obstructive Pulmonary Disease Interval between onset and death					
(d) Cachexia 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 Bilateral Moderate Hydronephrosis Unknown Etiology				26 AUTOPSY (Specify Yes or No) No	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
27a ACC SUICIDE HOM UNDER CR.PENDING INVEST (Specify)		27b DATE OF INJURY (Mo/Day/Yr)		27c HOUR OF INJURY	
27d DESCRIBE HOW INJURY OCCURRED					
28a INJURY AT WORK (Specify Yes or No)		28b PLACE OF INJURY At home, farm, street factory office building etc (Specify)		28c LOCATION STREET OR R.F.D. No CITY OR TOWN STATE	

STATE REGISTRAR

000758158



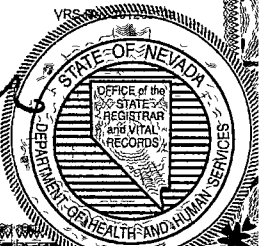
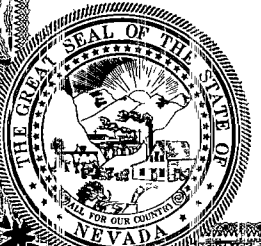
CERTIFIED COPY OF VITAL RECORDS

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 **SEP 28 2018**

Julie Katcheva
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