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KAREN ELLISON, RECORDER

**APN: 1220-04-111-008**

When Recorded, Please Return To  
Heritage Law Group, P C  
1625 Highway 88, Suite 304  
Minden, Nevada 89423

Mail Future Tax Statements To  
Elizabeth A Hertz  
1214 Kingslane Court  
Gardnerville, NV 89410

This document contains a  
Social Security number  
pursuant to NRS 440 380

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**AFFIDAVIT OF DEATH OF JOINT TENANT**



**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF NEVADA        )  
                                  ) SS  
COUNTY OF DOUGLAS    )

Elizabeth A Hertz, being of sound mind and body, hereby swears (or affirms) under penalty of perjury, that the following is true of her own personal knowledge

That she is over the age of 18,

That BETTY LOU HERTZ, the decedent mentioned in the attached Certificate of Death issued by the State of Nevada, is the same person as Betty L Hertz, named as one of the grantees in that certain Grant, Bargain, Sale Deed recorded on January 30, 2009, as Document No 0736802 of Official Records of Douglas County, Nevada, covering the real property situated at 1214 Kingslane Court, Gardnerville, Nevada, more precisely described as

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows

**Lot 7, as shown on the official map of KINGSLANE UNIT NO. 1, filed in the Office of the County Recorder of Douglas County, Nevada, on December 26, 1968, in Book 64, Page 82, as Document No. 43243.**

Excepting therefrom any mobile home situated thereon

That pursuant to the rules of survivorship, Elizabeth A Hertz is the survivor and now holds this property as a single woman

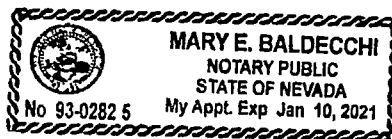
Date January 8, 2019

Elizabeth A Hertz  
Elizabeth A Hertz

State of Nevada        )  
                                  ) ss  
County of Douglas)

SIGNED AND SWORN TO (or affirmed)  
before me on January 8, 2019,  
by Elizabeth A Hertz

Mary E. Baldecchi  
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 4023447

**CERTIFICATE OF DEATH**

2018011344  
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) <b>Betty Lou HERTZ</b>		2 DATE OF DEATH (Mo/Day/Yr) <b>June 03, 2018</b>		3a COUNTY OF DEATH <b>Carson City</b>	
3b CITY TOWN OR LOCATION OF DEATH <b>Carson City</b>		3c HOSPITAL OR OTHER INSTITUTION Name (if not either, give street address) <b>Carson Tahoe Regional Medical Center</b>		3e If Hosp or Inst indicate DOA OP/Emer Rm Inpatient (Specify) <b>Inpatient</b>	
4 SEX <b>Female</b>		5 RACE (Specify) <b>White</b>		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) <b>85</b>		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
8 DATE OF BIRTH (Mo/Day/Yr) <b>December 03, 1932</b>		9a STATE OF BIRTH (If not US/CA name country) <b>Washington</b>		9b CITIZEN OF WHAT COUNTRY <b>United States</b>	
10 EDUCATION <b>14</b>		11 MARITAL STATUS (Specify) <b>Widowed</b>		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13 SOCIAL SECURITY NUMBER <b>3345</b>		14a USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b KIND OF BUSINESS OR INDUSTRY <b>Banking</b>	
15a RESIDENCE - STATE <b>Nevada</b>		15b COUNTY <b>Douglas</b>		15c CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d STREET AND NUMBER <b>1214 Kingslane</b>		15e INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>David WATSON</b>			17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Muriel ROPER</b>		
18a INFORMANT NAME (Type or Print) <b>Elizabeth HERTZ</b>			18b MAILING ADDRESS (Street or R F D No City or Town State Zip) <b>1214 Kingslane Gardnerville Nevada 89410</b>		
19a BURIAL CREMATION REMOVAL OTHER (Specify) <b>Cremaion</b>		19b CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a FUNERAL DIRECTOR SIGNATURE (Or Person Acting as Such) <b>CHRISTIE D WILDE</b> SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER <b>FD917</b>		20c NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</b>	
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) <b>JOSE AGUIRRE MD</b> 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) <b>June 13, 2018</b>		21c HOUR OF DEATH <b>23 16</b>		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) <b>Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703</b>				23b LICENSE NUMBER <b>11479</b>	
24a REGISTRAR (Signature) <b>PALOMA VACA</b> SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 13, 2018</b>		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				Interval between onset and death	
(a) <b>Cardiopulmonary Arrest</b>					
DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) <b>Acute On Chronic Hypoxic Respiratory Failure</b>					
DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death	
(c) <b>Acute Kidney Failure</b>					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(d) <b>Chronic Obstructive Pulmonary Disease</b>					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I <b>Hypertension Diabetes Unknown Etiology</b>				26 AUTOPSY (Specify Yes or No) <b>No</b>	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
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

000124721



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 **6/20/2018**

*Julie Katchmar*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

