

THE UNDERSIGNED HEREBY AFFIRMS THAT
THIS DOCUMENT DOES CONTAIN A SOCIAL
SECURITY NUMBER AS REQUIRED BY
LAW NRS 440 380(1)(a) and NRS 40 525(5)



KAREN ELLISON, RECORDER

APN: 1319-19-802-014

WHEN RECORDED MAIL TO

John J Sieffert
740 Randall Drive
TROY, MI 48085

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

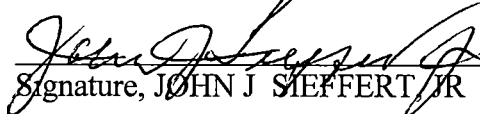
AFFIDAVIT OF DEATH OF JOINT TENANT

JOHN J SIEFFERT, JR being first duly sworn, deposes and says

- 1 MARGARET M SIEFFERT died on November 30, 2018 and a certified copy of her Death Certificate is attached hereto as Exhibit 1
- 2 That at the date of her death, said MARGARET M SIEFFERT was an owner in joint tenancy with the Affiant of certain real property located in Douglas County, State of Nevada, described as

Parcel 3B as set forth on the Parcel Map for Nye W Robertson, located in a portion of the Northeast quarter (NE $\frac{1}{4}$) of Section 30 and the Southeast quarter (SE $\frac{1}{4}$) of Section 19, Township 13 North, Range 19 East, M D B & M , recorded November 8, 1979, in Book 1179, Page 537, Document No 38593, Official Records of Douglas County, State of Nevada

- 3 That said joint tenancy was created by a Deed dated August 16, 1989 and recorded on August 28, 1989 as File No 0209582, in the Douglas County Recorder's Office
- 4 That upon the death of MARGARET M SIEFFERT, the Affiant became the sole owner of the above described property as his sole and separate property


Signature, JOHN J SIEFFERT, JR

-LOOSE CERTIFICATE ATTACHED-

State of Michigan)
County of Oakland)

Subscribed and Sworn to by John J Sieffert, before me on
the 30 day of January, 2019

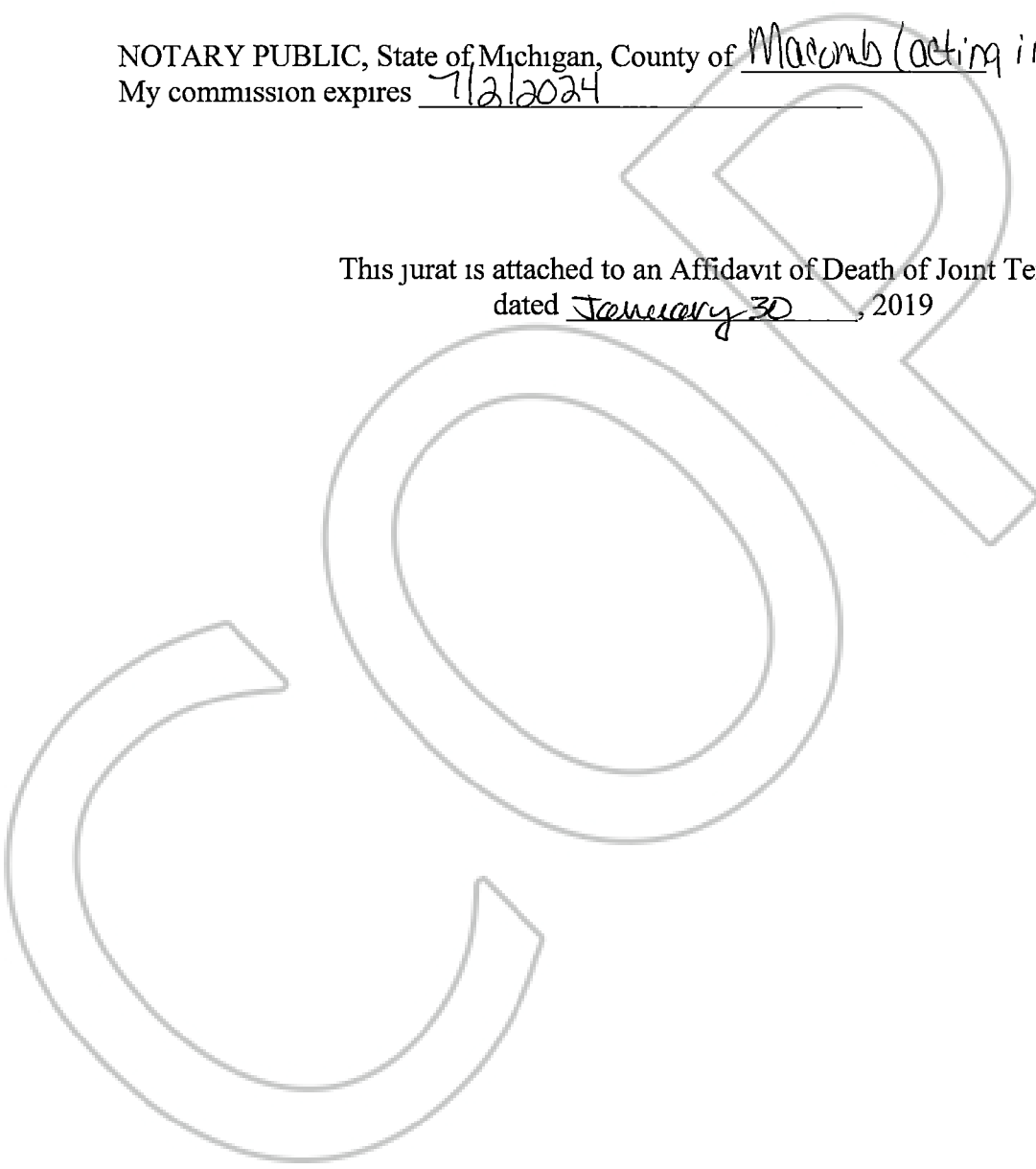
Susan J De Long
Signature

Susan J. DeLong
Printed name

SUSAN J DE LONG
NOTARY PUBLIC, STATE OF MI
COUNTY OF MACOMB
MY COMMISSION EXPIRES JUL 2, 2024
ACTING IN COUNTY OF Oakland

NOTARY PUBLIC, State of Michigan, County of Macomb (acting in Oakland)
My commission expires 7/2/2024

This jurat is attached to an Affidavit of Death of Joint Tenant
dated January 30, 2019





STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER
284978

DECEDENT	1 DECEDENT'S NAME (First Middle, Last) Margaret Mary Steffert		2 DATE OF BIRTH January 04, 1940		3 SEX Female		4 DATE OF DEATH November 30, 2018								
	5 NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS Margaret Mary Twomey				5a. AGE Last Birthday (Years) 78		6b. UNDER 1 YEAR MONTHS		6c. UNDER 1 DAY DAYS		6e. UNDER 1 DAY HOURS		6f. UNDER 1 DAY MINUTES		
	7a. LOCATION OF DEATH 740 Randall Drive 48085				7b. CITY, VILLAGE OR TOWNSHIP OF DEATH Troy				7c. COUNTY OF DEATH Oakland						
	8a. CURRENT RESIDENCE STATE Michigan			8b. COUNTY Oakland		8c. LOCALITY Troy		8d. STREET AND NUMBER 740 Randall Drive							
INFORMANT	8e. ZIP CODE 48085			9 BIRTH PLACE Detroit, Michigan			10 SOCIAL SECURITY NUMBER [REDACTED]-4016			11 DECEDENT'S EDUCATION High school graduate					
	12 RACE White			13a. ANCESTRY Irish			13b. HISPANIC ORIGIN No		14 EVER IN THE U.S. ARMED FORCES? No						
	15 USUAL OCCUPATION Executive Secretary			16 KIND OF BUSINESS OR INDUSTRY Utilities			17 MARITAL STATUS Married		18 NAME OF SURVIVING SPOUSE (If wife give name before first married) John Joseph Steffert						
	19 FATHER'S NAME (First Middle, Last) Matthew Twomey				20 MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Margaret Dowling										
DISPOSITION	21a. INFORMANT'S NAME John Joseph Steffert			21b. RELATIONSHIP TO DECEDENT Husband		21c. MAILING ADDRESS 740 Randall Drive, Troy, Michigan 48085									
	22. METHOD OF DISPOSITION Burial			23a. PLACE OF DISPOSITION Holy Sepulchre Cemetery			23b. LOCATION - City or Village, State Southfield, Michigan								
	24 SIGNATURE OF MORTUARY SCIENCE LICENSEE Scott D Hurrell			25 LICENSE NUMBER 4501007556			26 NAME AND ADDRESS OF FUNERAL FACILITY A J Desmond & Sons - Price Chapel, 3725 Rochester Rd, Troy, Michigan 48083								
	27a. CERTIFIER <input checked="" type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred due to the (cause) and manner stated. <input type="checkbox"/> Medical Examiner 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) and manner stated. Ilana Kutnisky, DO Signature and			28a. ACTUAL OR PRESUMED TIME OF DEATH 11 40 AM		28b. PRONOUNCED DEAD ON November 30, 2018		28c. TIME PRONOUNCED DEAD 11 40 AM							
CERTIFICATION	29 MEDICAL EXAMINER CONTACTED Yes			30 PLACE OF DEATH Home			31 IN HOSPITAL								
	27b. DATE SIGNED December 06, 2018			27c. LICENSE NUMBER 015554			32. MEDICAL EXAMINER'S CASE NUMBER 18 7033			33 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER					
	34 NAME AND ADDRESS OF CERTIFYING PHYSICIAN Ilana Kutnisky, DO, 4600 Investment Drive, Troy, Michigan 48098									35a. REGISTRAR'S SIGNATURE <i>M. Aileen Dickson</i>			35b. DATE FILED December 10, 2018		
	36. PART I. ENTER the chain of events - diseases, injuries or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, fibrillation without showing the etiology. Enter only one cause on line. If diabetes was an underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of this cause of a. CAD I25 10 b. Ventricular Fibrillation IMMEDIATE CAUSE (final disease or condition resulting in death) Specially list IF ANY leading to the UNDERLYING CAUSE (disease or injury that followed the events resulting LAST) c. _____ d. _____ PART II OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I												Approximate Interval Between Onset and Death > 5 Years		
39 MANNER OF DEATH Natural			40a. WAS AN AUTOPSY PERFORMED? No			40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Not Applicable									
MEDICAL EXAMINER	41a. DATE OF INJURY			41b. TIME OF INJURY		41c. DESCRIBE HOW INJURY OCCURRED									
	41d. INJURY AT WORK			41e. PLACE OF INJURY			41f. IF TRANSPORTATION INJURY			41g. LOCATION					

STATE OF MICHIGAN)
COUNTY OF OAKLAND) §

I, M. Aileen Dickson, Clerk of the City of Troy, Oakland County, Michigan, do hereby certify that the foregoing is a true copy of the record now remaining in my office

M. Aileen Dickson

M. Aileen Dickson, City Clerk
City of Troy, Michigan

This copy is not valid unless displaying embossed seal and registrar signature.

WARNING! It is illegal to duplicate this copy by Photostat or photograph. VALID ONLY WITH IMPRESSED SEAL

SP03231166

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED.