



KAREN ELLISON, RECORDER

APN: 1319-19-710-049
Return document to:
ROBERT J. ATTINGER
1815 CHIBCHA ST.
SOUTH LAKE TAHOE, CA 96150

Mail tax statements to:
ROBERT J. ATTINGER
1815 CHIBCHA ST.
SOUTH LAKE TAHOE, CA 96150

STATE OF NEVADA)
COUNTY OF DOUGLAS)

AFFIDAVIT OF DEATH OF JOINT TENANT
Under NRS 111.365

THE AFFIANT, ROBERT JAMES ATTINGER, being first duly sworn, deposes and states that:

1. The affiant is of legal age for the state of Nevada.
2. That BERNICE ANN ATTINGER, the decedent mentioned in the attached certified Certificate of Death, who died APRIL 5, 2018 in EL DORADO COUNTY, CALIFORNIA, is the same person as
3. That the affiant and the decedent were both grantees in that certain Grant, Bargain deed dated August 25, 2004, recorded August 31, 2004, as document or file number 0623040, book 0804, at page 13385, records of DOUGLAS County, Nevada, and executed by the grantor, Scott Attinger, Robert Attinger and Bernice Attinger, Husband and Wife as Jt. Tenants to the grantee(s), ROBERT ATTINGER AND BERNICE ATTINGER as JOINT TENANTS, covering the real property commonly known as 749 Unit B, TINA COURT, City of STATELINE, County of DOUGLAS, State of Nevada, more particularly described as:
Lot 406B as recorded in Book 0804 Page 13385 Document Number 0623040 on August 31, 2004 in the Official Records of the County of Douglas, State of Nevada. (APN 1319-19-710-032 and subsequently changed as a result of a lot line adjustment to APN 1319-19-710-049)

4. That the relationship between the affiant and the decedent was that of:
HUSBAND AND WIFE

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT
SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY
NUMBER OF A PERSON OR PERSONS, AS REQUIRED BY NRS 40.525
AND NRS 440.380(1)(a).

I declare under penalty of perjury under the law of the State of Nevada that the
foregoing is true and correct.

IN WITNESS WHEREOF, I set my hand this 20th day of March , 2019 .

Robert James Attinger

Affiant

ROBERT JAMES ATTINGER

Print name

Construe all terms with the appropriate gender and quantity

required by the sense of this instrument.

State of Nevada - County of Douglas

Subscribed and sworn to on this 20th day of March in the year

2019, before me, Julia Blair

by Robert James Attinger

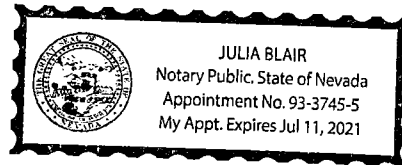
Julia Blair

Notary Public

Julia Blair

Print name

My commission expires: July 11, 2021



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
HEALTH AND HUMAN SERVICES AGENCY
 PLACERVILLE, CALIFORNIA

3052018077134

CERTIFICATE OF DEATH

3201809000376

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV 2/05)			LOCAL REGISTRATION NUMBER		
1. NAME OF DECEDENT - FIRST (Given) BERNICE		2. MIDDLE ANN		3. LAST (Family) ATTINGER			
AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) ---				4. DATE OF BIRTH mm/dd/yyyy 08/18/1944	5. AGE Yrs. 73	6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY CANADA		10. SOCIAL SECURITY NUMBER 2878		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SPO* (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		7. DATE OF DEATH mm/dd/yyyy 04/05/2018	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED MANAGER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) FOOD AND BEVERAGE			8. HOUR (24 Hour) 1842		
20. DECEDENT'S RESIDENCE (Street and number, or location) 1815 CHIBCHA ST.							
21. CITY SOUTH LAKE TAHOE		22. COUNTY/PROVINCE EL DORADO		23. ZIP CODE 96150		24. YEARS IN COUNTY 42	
25. STATE/FOREIGN COUNTRY CA		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1815 CHIBCHA ST., SOUTH LAKE TAHOE, CA 96150					
28. INFORMANT'S NAME, RELATIONSHIP ROBERT ATTINGER, HUSBAND							
28. NAME OF SURVIVING SPOUSE/SPO* - FIRST ROBERT		29. MIDDLE JAMES		30. LAST (BIRTH NAME) ATTINGER			
31. NAME OF FATHER/PARENT - FIRST DONALD		32. MIDDLE -		33. LAST SCOTT		34. BIRTH STATE NWFNDLND	
35. NAME OF MOTHER/PARENT - FIRST BERNICE		36. MIDDLE -		37. LAST (BIRTH NAME) HOULIHAN		38. BIRTH STATE NWFNDLND	
39. DISPOSITION DATE mm/dd/yyyy 04/12/2018		40. PLACE OF FINAL DISPOSITION RES. ROBERT ATTINGER 1815 CHIBCHA ST., SOUTH LAKE TAHOE, CA 96150					
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT TRUCKEE TAHOE MORTUARY		45. LICENSE NUMBER FD1191		46. SIGNATURE OF LOCAL REGISTRAR NANCY J WILLIAMS, MD, MPH		47. DATE mm/dd/yyyy 04/10/2018	
101. PLACE OF DEATH RESIDENCE-HOSPICE		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
104. COUNTY EL DORADO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1815 CHIBCHA ST.				106. CITY SOUTH LAKE TAHOE	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. NON SMALL CELL LUNG CANCER METASTATIC		108. DEATH REPORTED TO CORONER? (A) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 14 YRS. (B) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (C) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (D) <input type="checkbox"/> YES <input type="checkbox"/> NO		109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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 ITEM 107 OR 112? (If yes, list type of operation and date) BIOPSY --/2018, LOBECTOMY --/2003						113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since: mm/dd/yyyy 01/01/2008 Decedent Last Seen Alive: mm/dd/yyyy 04/04/2018		115. SIGNATURE AND TITLE OF CERTIFIER BROOKS MARTIN M.D.		116. LICENSE NUMBER G42705		117. DATE mm/dd/yyyy 04/09/2018	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE BROOKS MARTIN M.D. 1090 THIRD STREET # 1, SOUTH LAKE TAHOE, CA 96150		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined					
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hour)			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)							
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)							
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)							
126. SIGNATURE OF CORONER / DEPUTY CORONER				127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A		B		C	
D		E		F		G	
FAX AUTH.		CENSUS TRACT					

CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health and Human Services Agency.

DATE ISSUED

MAY 07 2018



000188302

Nancy Williams
 NANCY J WILLIAMS MD, MPH
 COUNTY HEALTH OFFICER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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