

APN# 1320-32-210-017

**Recording Requested by:**

**Name:** First American Title Insurance Company  
**Address:** 1663 US Highway 395, Suite 101  
**City/State/Zip:** Minden, NV 89423  
**Order Number:** 143-2559182

Affidavit Terminating Joint Tenancy  
(Title of Document)

(for Recorder's use only)

**Recorder Affirmation Statement**

**Please complete Affirmation Statement below:**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

**-OR-**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 440.380  
(State specific law)

Emily Tobias Escrow  
**Signature** **Title**

Emily Tobias  
**Print**  
**Signature**

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

2014009324  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Gunter Fritz <b>OEHLEKING</b>		2 DATE OF DEATH (Mo/Day/Year) June 07, 2014		3a COUNTY OF DEATH Carson City	
	3b CITY, TOWN, OR LOCATION OF DEATH Carson City		3c HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) Carson Tahoe Regional Medical Center		3e If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient	
DECEDENT	5 RACE White (Specify)		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE - Last birthday (Years) 74	
	7b UNDER 1 YEAR MOS   DAYS   HOURS   MINS		7c UNDER 1 DAY HOURS   MINS		8 DATE OF BIRTH (Mo/Day/Yr) July 10, 1939	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a STATE OF BIRTH (If not U.S.A., name country) Germany		9b CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 12	
	11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12 SURVIVING SPOUSE (if wife, give maiden name) Eva HELMSCHROTT		15a RESIDENCE - STATE Nevada	
PARENTS	13 SOCIAL SECURITY NUMBER [REDACTED]-5189		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Carpenter		14b KIND OF BUSINESS OR INDUSTRY Lumber Sales	
	15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Minden		15d STREET AND NUMBER 1519 Silverbirch	
POSITION	16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>OEHLEKING</b>		17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Greta</b>			
	18a INFORMANT - NAME (Type or Print) Eva OEHLEKING		18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO BOX 2763 Minden, Nevada 89423			
TRADE CALL	19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c LOCATION City or Town State Sparks Nevada 89431	
	20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b> SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE 304R		20c NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompé Ln Carson City NV 89701	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) - SIGNATURE AUTHENTICATED <b>DAVID BAKER MD</b>		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) June 11, 2014		21c. HOUR OF DEATH 11:07		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) DAVID BAKER MD 1470 Medical Parkway Carson City, NV 89703		23b. LICENSE NUMBER			
CAUSE OF DEATH	24a. REGISTRAR (Signature) <b>BIANCA GALEANO</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 12, 2014		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) <b>Cardiomyopathy</b> DUE TO, OR AS A CONSEQUENCE OF (b) <b>Coronary Artery Disease</b> DUE TO, OR AS A CONSEQUENCE OF (c) <b>Unknown Etiology</b> DUE TO, OR AS A CONSEQUENCE OF (d)		Interval between onset and death Chronic Interval between onset and death Chronic Interval between onset and death Interval between onset and death			
CONDITIONS IF ANY WHICH MAY HAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I		26 AUTOPSY (Specify Yes or No) No		27 WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
	28a. ACC., SUICIDE, HOV., UNDET. OR PENDING INVEST (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. 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

1007a1

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: 06/12/2014

*Rod Whitt*  
SIGNATURE AUTHENTICATED

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

VRB-Rev-20120523a

