

APN: 1220-22-410-219

When Recorded, Mail To:

Handelin Law, Ltd.
P.O Box 4568
Carson City, Nevada 89702

Mail Tax Statements To:

Matias Viegener
618 Long Valley Road
Gardnerville, NV 89460



KAREN ELLISON, RECORDER

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
CARSON CITY)

Matias Viegener, of legal age, being first duly sworn, deposes and says:

That Vincent Viegener, the Decedent mentioned in the attached certified copy of the Certificate of Death, is the same person named as Vincent Viegener, named as one of the parties in the certain deed dated December 4, 2013, and executed by Vincent Viegener, to Vincent Viegener and Matias Viegener, as joint tenants with the right of survivorship, recorded on December 4, 2013, as Document Number 834951, of the Official Records of Douglas County, Nevada, covering the real property commonly known as 618 Long Valley Rd, Gardnerville, Nevada 89460, and as described as follows:

LOT 259, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 7, FILED FOR THE RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MARCH 27, 1974, IN BOOK 374, PAGE 676, AS DOCUMENT NO. 72456.

I declare under penalty of perjury, that the foregoing is true and correct.

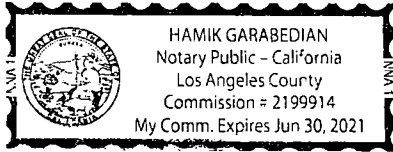
Dated this 27 day of April, 2019.

Matias Viegener

...

STATE OF ~~NEVADA~~ *CA*)
:SS
~~CARSON CITY~~ *LA*)

SUBSCRIBED and SWORN to before me this 27 day of April 2019, by Matias Viegner, proved to me on the basis of satisfactory evidence to the person who appeared before me.



Notary Public

A handwritten signature in black ink, written over a horizontal line. The signature is cursive and appears to be "H. Garabedian".

COPIES

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4043158

CERTIFICATE OF DEATH

2018018858
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) Vincent VIEGENER | | 2. DATE OF DEATH (Mo/Day/Year) September 28, 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 address) 618 Long Valley Rd | | 3e If Hosp or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home | |
| 4. SEX Male | | 5 RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | |
| 7a. AGE-Last birthday (Years) 94 | | 7b. UNDER 1 YEAR MOS DAYS HOURS MIN'S | | 7c. UNDER 1 DAY | |
| 8 DATE OF BIRTH (Mo/Day/Yr) June 25, 1924 | | 9a STATE OF BIRTH (If not US/CA, name country) Germany | | 9b. CITIZEN OF WHAT COUNTRY Germany | |
| 10. EDUCATION 12 | | 11. MARITAL STATUS (Specify) Widowed | | 12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) | |
| 13 SOCIAL SECURITY NUMBER ██████████3859 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) | | 14b. KIND OF BUSINESS OR INDUSTRY | |
| Jeweler | | Jewelry | | Ever in US Armed Forces? No | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Gardnerville | |
| 15d. STREET AND NUMBER 618 Long Valley Rd | | 15e. INSIDE CITY LIMITS (Specify Year or No) Yes | | | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Eberhardt VIEGENER | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Cecilia BRIE | | |
| 18a. INFORMANT- NAME (Type or Print) Valentin VIEGENER | | 18b. MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) 619 Long Valley Rd Gardnerville, Nevada 89460 | | | |
| 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) SIGNATURE AUTHENTICATED GARRETT D SCHWARTZ MD | | 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) October 02, 2018 | | 21c. HOUR OF DEATH 08:23 | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22c. HOUR OF DEATH | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) | |
| 21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22e. PRONOUNCED DEAD AT (Hour) | | | |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Garrett D Schwartz MD 1520 Virginia Ranch Blvd Gardnerville, NV 89410 | | | | 23b. LICENSE NUMBER 9086 | |
| 24a REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED | | 24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 03, 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).) | | | | Interval between onset and death | |
| PART I (a) Cardiopulmonary Arrest | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF | | | | Interval between onset and death | |
| (b) Incarcerated Inguinal Hernia | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | |
| (c) | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF. | | | | Interval between onset and death | |
| (d) | | | | | |
| 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) No | |
| 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



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.

OCT 03 2018

DATE ISSUED:

Julie Katcheva
STATE REGISTRAR

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

