

WHEN RECORDED MAIL TO:

Stephen A. Marti  
P.O. Box 1738  
Gardnerville, NV 89410



KAREN ELLISON, RECORDER

MAIL TAX STATEMENTS TO:

Same as above

The undersigned hereby affirms that this document submitted for recording includes a death certificate which may contain a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No.  
APN No.: 1220-04-002-003

**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF NEVADA  
COUNTY OF Douglas

} SS:

Sara Jane Breazeale, formally known as Sara Jane Eitel, of legal age and competent, to be a witness as to the matters stated herein, being duly sworn, deposes and says

That Loretta Beth Eitel Marti the decedent mentioned in the attached copy of the Certificate of Death, is the same person as Loretta Eitel Marti named as one of the Grantees in that certain Deed from Edna W. Araujo, a widow, Mabel M Perry, a widow, Thomas Gene Perry and Marilyn C. Perry, husband and wife to Stephen A. Marti and Loretta Eitel Marti, husband and wife and Shirlee Eitel an unmarried woman and Sara Jane Eitel, an unmarried woman, all as joint tenants recorded in Book 289, Page 2246 as Instrument No. 196661, on February 21, 1989 of Official Records of Douglas County, Nevada, covering the following described property.

SEE EXHIBIT "A" ATTACHED HERETO AND BY REFERENCE MADE A PART HEREOF

Dated: 6/11/2019

Sara Jane Breazeale

STATE OF NEVADA  
COUNTY OF WASHOE

} SS:

This instrument was acknowledged before me on June 11, 2019,  
by SARA JANE BREAZEALE

NOTARY PUBLIC



EXHIBIT "A"

DESCRIPTION

A parcel of land located within a portion of the Northwest one-quarter of the Southwest one-quarter (NW1/4 SW1/4) of Section 4, Township 12 North, Range 20 East, Mount Diablo Baseline and Meridian, Douglas County, Nevada, described as follows:

Commencing at the one-quarter corner common to Sections 4 and 5, T.12N., R.20E., M.D.B.&M., thence North  $01^{\circ} 33' 30''$  west, 391.42 feet along the section line to a point on the southwesterly side of Nevada Federal Aid Secondary Highway Route 552, also known as State Route 56, as described in the Max L. Jones Family Trust Agreement Deed, Document No. 38035 as recorded in the Office of Recorded, Douglas County, Nevada; thence South  $49^{\circ} 27'$  East, 1038.72 feet along the southwesterly right-of-way per said deed to the northeasterly corner of the Jones Parcel, THE POINT OF BEGINNING; thence continuing South  $49^{\circ} 27'$  East, 89.92 feet along said State Route 56 as described in the Park, Cox and Rasavage Deed, Document No. 57962 as recorded in the Office of Recorder, Douglas County, Nevada; thence South  $42^{\circ} 35' 19''$  East, 71.59 feet along said State Route 56 as per said Document No. 57962; thence South  $43^{\circ} 24''$  West, 465.42 feet along the westerly boundary line of the Park, Cox and Rasavage Parcel; thence North  $69^{\circ} 03' 19''$  West, 146.34 feet, more or less, along the north bank of the Carson River to the southeast corner of the Jones Parcel; thence North  $40^{\circ} 33'$  East, 522.50 feet along the easterly boundary line of the Jones Parcel to THE POINT OF BEGINNING.

TOGETHER WITH WATER RIGHTS, IF ANY, DITCH RIGHTS, IF ANY

A.P.N. 25-141-05

Legal Description previously recorded on Document 196661

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

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

CASE FILE NO. 4071665

**CERTIFICATE OF DEATH**

2019005427  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Loretta Beth EITEL-MARTI</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 10, 2019</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street or 3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. (Inpatient)(Specify) <b>1286 Centerville Lane Home</b>		4. SEX <b>Female</b>	
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>74</b>	
	7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>		7d. UNDER 1 MIN <b>MIN</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
	11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Stephen MARTI</b>			
PARENTS	13. SOCIAL SECURITY NUMBER <b>4672</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Owner</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Hospitality</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
DISPOSITION	15d. STREET AND NUMBER <b>1286 Centerville Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Richard Olin HUTCHINSON</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Virginia KING</b>		18a. INFORMANT - NAME (Type or Print) <b>Stephen A MARTI</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1286 Centerville Lane Gardnerville, Nevada 89410</b>	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Autumn Cremation Services</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD304</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations 1575 N Lompa Ln Carson City NV 89701</b>	
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) <b>NITA SCHWARTZ MD</b>		21b. DATE SIGNED (Mo/Day/Yr) <b>March 20, 2019</b>		21c. HOUR OF DEATH <b>08:45</b>	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	22c. HOUR OF DEATH		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>Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>9114</b>	
CAUSE OF DEATH	24a. REGISTRAR (Signature) <b>ANGELICA RAMIREZ</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 20, 2019</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)		24c. DEATH DUE TO COMMUNICABLE DISEASE		24d. DEATH DUE TO COMMUNICABLE DISEASE	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Pancreatic Cancer With Metastasis</b>				Interval between onset and death	
	(b) 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) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
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) <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.		28h. CITY OR TOWN		28i. STATE		

STATE REGISTRAR



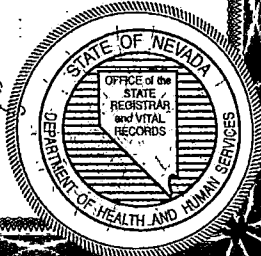
CERTIFIED COPY OF VITAL RECORDS

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.

DATE ISSUED: **MAR 21 2019**

*Julie Katschear*  
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE