

APN# 1420-08-210-010 ~~4~~
1320-32-712-006

Recording Requested by/Mail to:
Name: Family G. Degenhart
Address: 2360 Sunrise Pass Rd.
City/State/Zip: Minden, NV 89423



Mail Tax Statements to:
Name: Family G. Defenhart
Address: 2360 Sunrise Pass Rd.
City/State/Zip: Minden, NV 89423

Affidavit - Death of Joint Tenant

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

- Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)



Signature

Family G. Degenhart

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

APN: 1420-08-210-010 & 1320-32-712-006

RECORDING REQUESTED BY:

Family G. Degenhart
2360 Sunrise Pass Rd.
Minden, NV 89423

AFTER RECORDATION, RETURN BY MAIL TO:

Family G. Degenhart
2360 Sunrise Pass Rd.
Minden, NV 89423

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss:
COUNTY OF DOUGLAS)

Family G. Degenhart, being 18 years or over, being first duly sworn, deposes and says:

The decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Ludwig Andreas Degenhart named as one of the parties in that certain Grant, Bargain and Sale Deed dated July 11, 2006, executed by Ludwig Andreas Degenhart, a married man as his sole and separate property, to Ludwig Andreas Degenhart and Family G. Degenhart (surviving tenant) husband and wife as joint tenants, and recorded on July 28, 2006, as Document No. 0680811, Book 0706, Page 10105, of Official Records of Douglas County, State of Nevada, covering the following described real property in said County, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF.

The decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Ludwig Andreas Degenhart named as one of the parties in that certain Grant, Bargain and Sale Deed dated July 11, 2006, executed by Ludwig Andreas Degenhart, a married man as his sole and separate property, to Ludwig Andreas Degenhart and Family G. Degenhart (surviving tenant) husband and wife as joint tenants, and recorded on July 28, 2006, as Document No. 0680812, Book 0706, Page 10107, of Official Records of Douglas County, State of Nevada, covering the following described real property in said County, State of Nevada:

SEE EXHIBIT "B" ATTACHED HERETO AND MADE A PART HEREOF.

Dated: 1-9-2020

Family G. Degenhart
Family G. Degenhart

State of Nevada)
) ss.
County of Douglas)

Matthews Subscribed and sworn to (or affirmed) before me on this 9 day of January, ~~2019~~²⁰²⁰, by Family G. Degenhart, proved to me on the basis of satisfactory evidence to be the person(s) who appear before me.

Shawnyne Garren
Notary Public

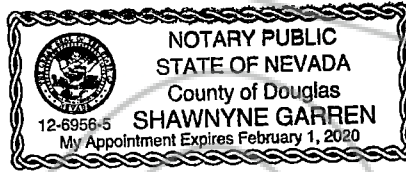


EXHIBIT "A"

Lot 10, in Block D, as set forth on that certain Final Map of Sunridge Heights, Phase 3, a Planned Unit Development, recorded in the office of Douglas County Recorder on June 1, 1994 in Book 694, Page 1 as Document No. 338607, Official Records.

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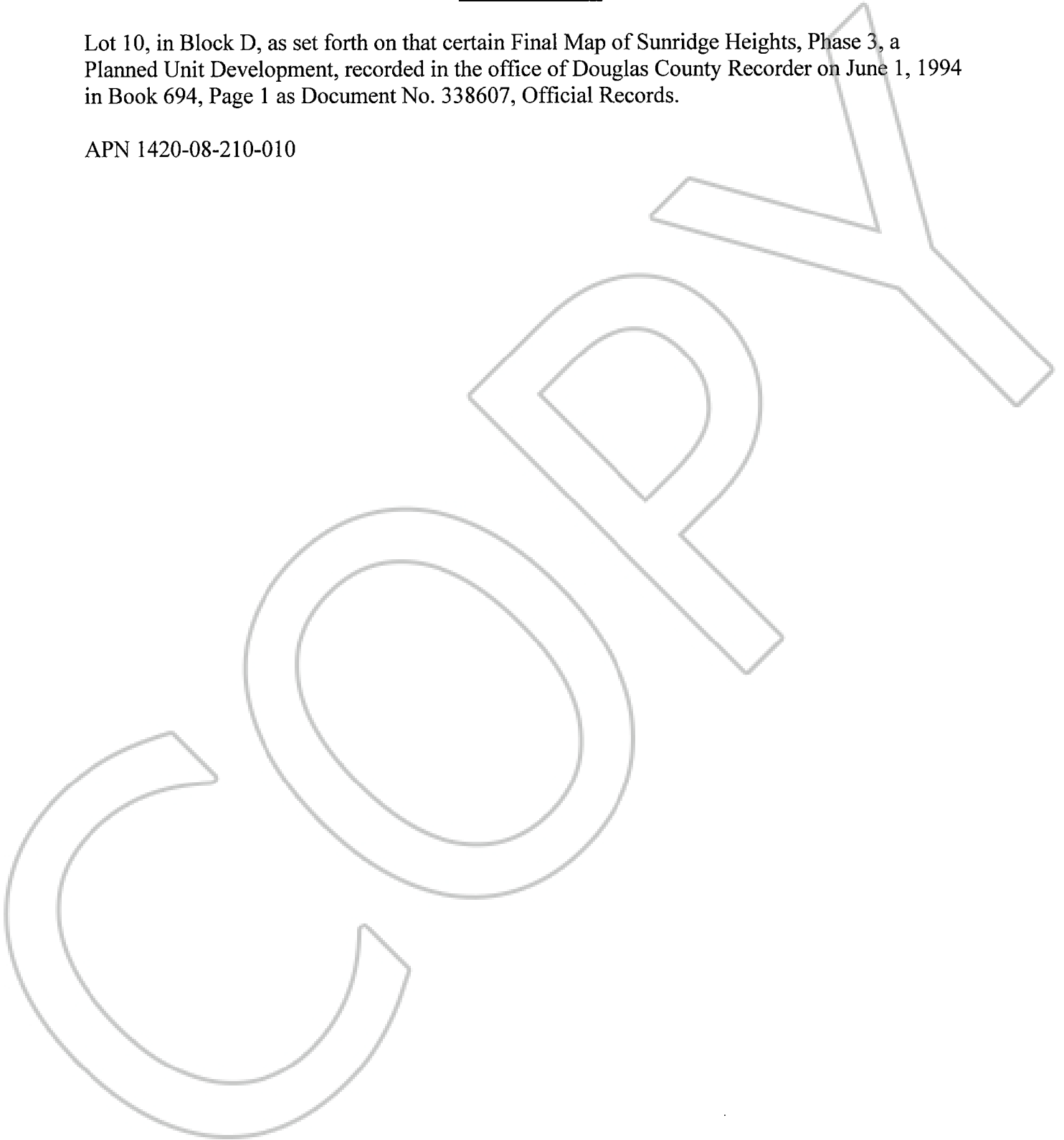
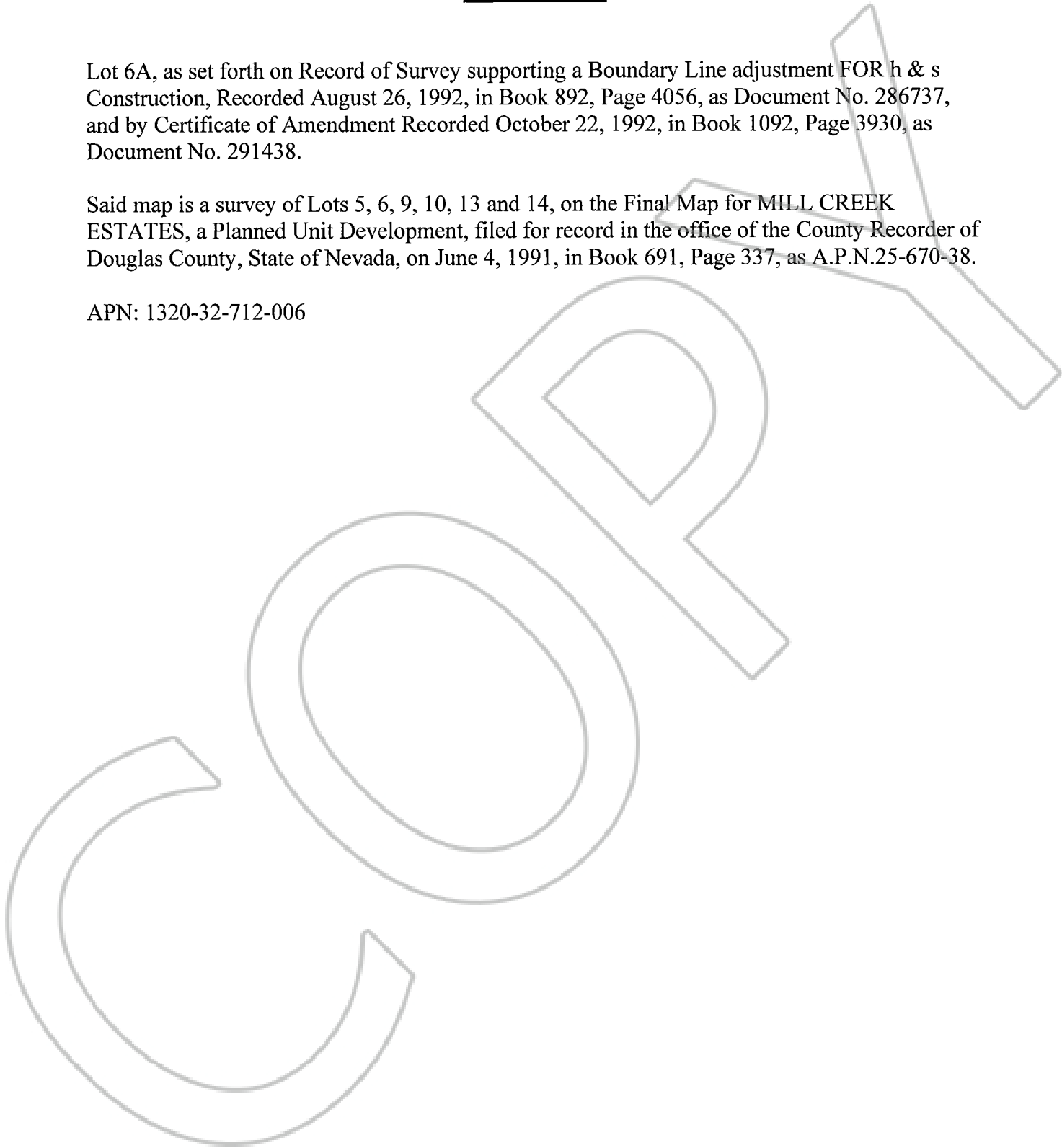


EXHIBIT "B"

Lot 6A, as set forth on Record of Survey supporting a Boundary Line adjustment FOR h & s Construction, Recorded August 26, 1992, in Book 892, Page 4056, as Document No. 286737, and by Certificate of Amendment Recorded October 22, 1992, in Book 1092, Page 3930, as Document No. 291438.

Said map is a survey of Lots 5, 6, 9, 10, 13 and 14, on the Final Map for MILL CREEK ESTATES, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 4, 1991, in Book 691, Page 337, as A.P.N.25-670-38.

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STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3680993

2012017188
STATE FILE NUMBER

CERTIFICATE OF DEATH

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Ludwig Andreas DEGENHART		2. DATE OF DEATH (Mo/Day/Year) October 22, 2012		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 2385 Sunrise Pass Road		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) 73		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 02, 1939		9a. STATE OF BIRTH (if not US/CA, name country) Germany			
9b. CITIZEN OF WHAT COUNTRY Germany		10. EDUCATION 16		11. MARITAL STATUS (Specify) Married	
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Family G MATHEWS					
13. SOCIAL SECURITY NUMBER ██████████-0985		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Owner-Operator		14b. KIND OF BUSINESS OR INDUSTRY Foreign Automobiles	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2385 Sunrise Pass Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Hans DEGENHART			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mia GOESS		
18a. INFORMANT- NAME (Type or Print) Family G DEGENHART		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2385 Sunrise Pass Road Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LEWIS NOEL		20b. FUNERAL DIRECTOR LICENSE NUMBER 621		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703	
20a. SIGNATURE AUTHENTICATED					
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 CHARLES NELSON HELD 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 25, 2012		21c. HOUR OF DEATH 08:56		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Charles Nelson Held MD 1107 Hwy 395 S Gardnerville, NV 89410				23b. LICENSE NUMBER 3790	
24a. REGISTRAR (Signature) NICOLE SHORE		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 31, 2012		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. SIGNATURE AUTHENTICATED					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) Chronic Obstructive Pulmonary Disease				Interval between onset and death Years	
DUE TO, OR AS A CONSEQUENCE OF:				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 1.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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	

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

STATE REGISTRAR

000800307



CERTIFIED COPY OF VITAL RECORDS

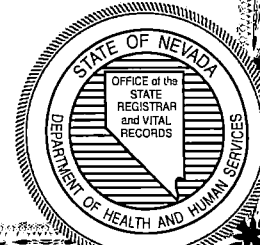
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

JAN 09 2020

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

Jan Shogoh
Administrator
STATE REGISTRAR



VRS-Rev-20120523a

[ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE]