

APN# 1420-06-410-020

Recording Requested by/Mail to:

Name: Heritage Law

Address: 1625 Highway 88 Ste 304

City/State/Zip: Minden, NV 89423

Mail Tax Statements to:

Name: Alex Kassebaum

Address: 2420 Ivory Ann Drive

City/State/Zip: Sparks, NV 89436



KAREN ELLISON, RECORDER

AFFIDAVIT OF 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)

Heather Paterson Lewis

Signature

Heather Paterson-Lewis

Printed Name

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

APN: 1420-06-410-020

Recording Requested By:
Heritage Law, A Division of
Kalicki Collier, LLP
1625 Highway 88, Suite 304
Minden, Nevada 89423

Mail Future Tax Statements To:
Alex Kassebaum
2420 Ivory Ann Drive
Sparks, NV 89436

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

DIMITRIUS ALEXANDER KASSEBAUM aka ALEX KASSEBAUM, being of legal age, and being of sound mind and body, hereby swears (or affirms) under penalty of perjury, that the following is true of his own personal knowledge:

That MARILYN H. RODEFER, the Decedent mentioned in the certified copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit 1** and incorporated herein by reference, is the same person as MARILYN H. RODEFER, Grantee in that certain Grant, Bargain, Sale Deed dated October 17, 1991, and recorded on October 17, 1991, as Document No. 262983 of Official Records of Douglas County, State of Nevada, which Grant, Bargain, Sale Deed pertains to property situated at 3610 Shawnee Drive, Carson City, Douglas County, Nevada, and more precisely described as:

SEE LEGAL DESCRIPTION ATTACHED HERETO AS EXHIBIT "A"

Pursuant to NRS 111.312, the above legal description was previously recorded in Grant, Bargain, Sale Deed recorded as Document No. 262983 of Official Records of Douglas County, State of Nevada, on October 17, 1991.

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

Dated: April 30, 2020.

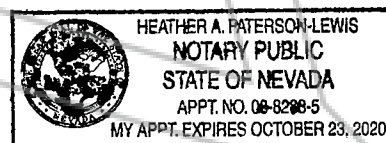


DIMITRIUS ALEXANDER KASSEBAUM aka
ALEX KASSEBAUM,
Personal Representative of the Estate of MARILYN
H. RODEFER

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On April 30, 2020, before me, Heather Paterson-Lewis, a notary public, personally appeared DIMITRIUS ALEXANDER KASSEBAUM aka ALEX KASSEBAUM, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he executed it.

Heather Paterson Lewis
Notary Public



APN: 1420-06-410-020

**EXHIBIT "A"
LEGAL DESCRIPTION**

Lot 32, as shown on the official map of SIERRA ESTATES, recorded in the office of the County Recorder of Douglas County, Nevada, on September 27, 1960, in book 1 of Maps as Document No. 16665.

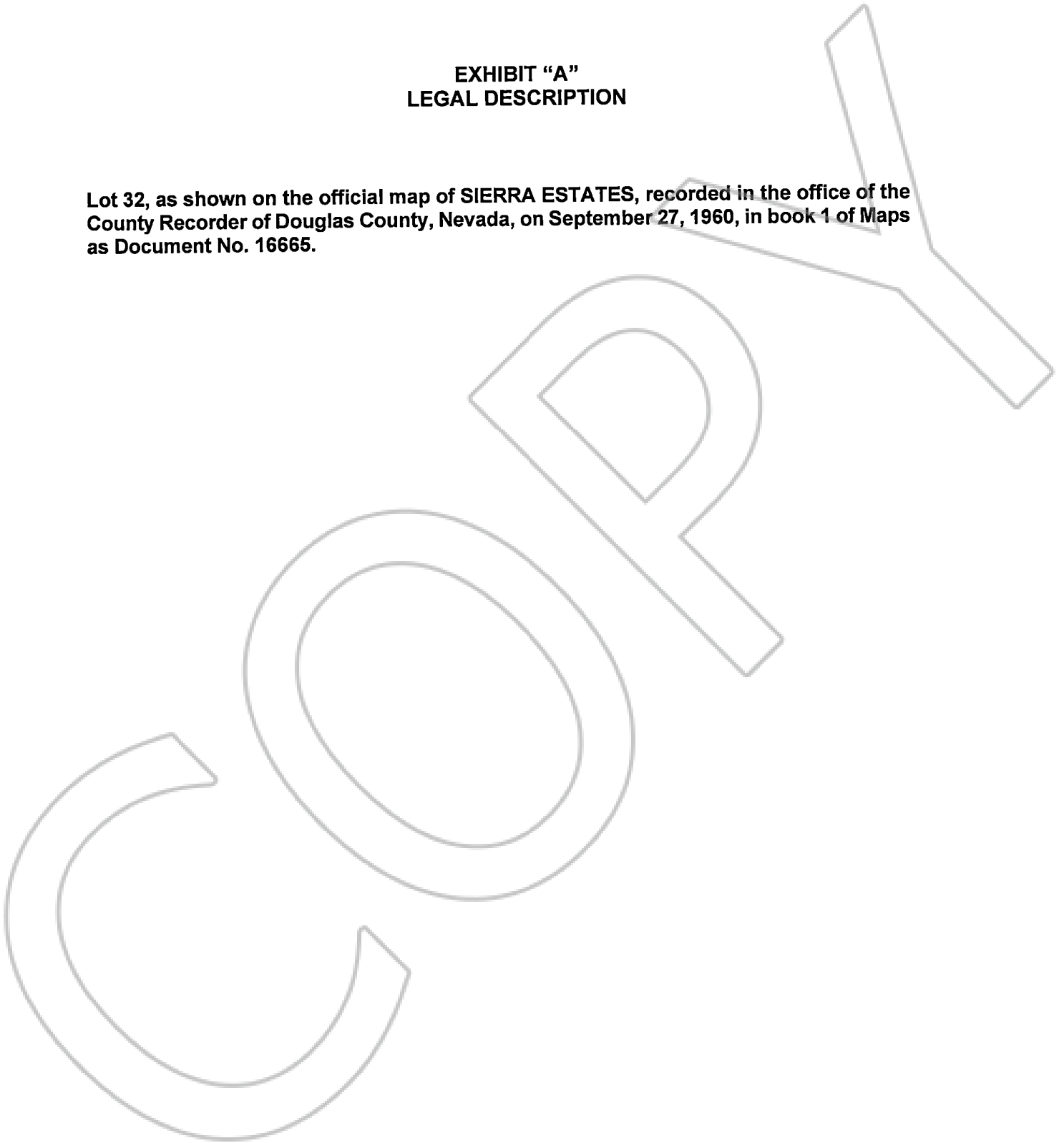


EXHIBIT 1

Certified Copy of Certificate of Death, State of Nevada, Marilyn H. Rodefer, Deceased

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4131272

CERTIFICATE OF DEATH

2020003806
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Marilyn H RODEFER			2. DATE OF DEATH (Mo/Day/Year) February 21, 2020		3a. COUNTY OF DEATH Washoe		
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Brookdale of Reno		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Assisted Living Facility		4. SEX Female	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 87		7b. UNDER 1 YEAR MOS DAYS HOURS MIN	
	7c. UNDER 1 DAY HOURS MIN		8. DATE OF BIRTH (Mo/Day/Yr) December 15, 1932					
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARITAL STATUS (Specify) Married	
	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Robert RODEFER							
PARENTS	13. SOCIAL SECURITY NUMBER 6323		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) SECRETARY			14b. KIND OF BUSINESS OR INDUSTRY Sheriff's Department		Ever in US Armed Forces? Yes
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Sparks		15d. STREET AND NUMBER 2420 Ivory Ann Drive	
DISPOSITION	16. FATHER/PARENT - NAME (First Middle Last Suffix) Joseph M HUNTER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Georgina LESLIE				
	18a. INFORMANT- NAME (Type or Print) Regina HENDERSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 637 West Lemon Avenue Monrovia, California 91016					
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503			
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) MICHAEL C FICKE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD928		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations - Ross, Burke 2155 Kietzke Lane Reno NV 89502			
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) ATI HAKIMI MD SIGNATURE AUTHENTICATED							
	21b. DATE SIGNED (Mo/Day/Yr) February 25, 2020		21c. HOUR OF DEATH 11:10		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	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER, (Type or Print)		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) Ati Hakimi MD 7842 W Sahara Ave Las Vegas, NV 89117					23b. LICENSE NUMBER 12559		
CAUSE OF DEATH	24a. REGISTRAR (Signature) KATHERINE J SULLIVAN SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 26, 2020		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) Malignant Neoplasm Of Unspecified Ovary DUE TO, OR AS A CONSEQUENCE OF: (b) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.							Interval between onset and death
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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				

000371550

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.

DEPUTY REGISTRAR

Signature **Signature Authenticated**

DATE ISSUED:

2/28/2020 This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

