DOUGLAS COUNTY, NV

2020-950139

Rec:\$40.00

\$40.00 Pgs=4 07/31/2020 02:49 PM

ETRCO

KAREN ELLISON, RECORDER

Recording Requested By: Western Title Company

APN#: 1320-33-213-015

When Recorded Mail To:

Linda Wick 2670 Manza Court Lodi, CA 95242

Mail Tax Statements to: (deeds only)

(space above for Recorder's use only)

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. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature_

Kinsey Bell

Escrow Assistant

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312 (additional recording fee applies)

AFFIDAVIT - DEATH OF JOINT TENANT

Linda Wick, of legal age, being first duly sworn, deposes and says:

That Peter J. Wick, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Peter J. Wick named as one of the parties in that certain Grant Bargain Sale Deed dated 6/14/2018 executed by KDH Builders The Ranch, LLC, a Nevada Limited Liability Company to Peter J Wick and Linda Wick, husband and wife as community property with right of survivorship as joint tenants, recorded as instrument No. 2018-916468, on 7/6/2018, in Book, Page, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 95, as shown on Final Map Planned Unit Development PD 04-008 **Heybourne Meadows Phase IIC**, recorded in the office of the Douglas County Recorder, State of Nevada on September 19, 2017, as Document No. 904214, Official Records.

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

validity of that document.	
State of California County ofSan Joaquin	
On July 17, 2020 before me, C. A. Lavond, Notary Public	
(insert name and title of the officer)	
personally appearedLinda Wick	
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) subscribed to the within instrument and acknowledged to me that he/she/they executed the his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.	eama in
I certify under PENALTY OF PERJURY under the laws of the State of California that the for paragraph is true and correct.	regoing
	-
WITNESS my hand and official seal.	

Signature

(Seal)



STATIE OF CADIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SACRAMENTO

DEPARTMENT OF HEALTH SERVICES

<u> </u>	3052020001198	<u> </u>	CERTIFICATE OF DEATH STATE OF CALIFORNA USE BLACK RIG CHUY I HO ERASURES, WHATEOUTS OR ALTERATIONS			3202034000031			
	STATE FILE NUMBER 1. NAME OF DECEDENT- FIRST (Over)	Tracil (a)	S MIDDLE	VS-1 SHEV 3:05)	3 LAST (Fame		CAL REGISTRATION NUM	BER	
⋖	PETER	1,0	JOSEPH		WICK	yri		\ <u>\</u>	
S PERSONAL DAT	AKA ALSO KNOWN AS - Include IUILAKA (FIRST, M	DDLE LAST)	11.1	4 PATE OF 06/03/	1952 5	AGE Yes F UND	ER ONE YEAR IF UNDER	Minutes 6, SEX	
	CANADA	6104	YES	X νο ινκ	MARRIED	01/	E OF DEATH mm/on/ccyy	3 HOUR (24 Hours)	
CEDENT	15 EDUCATION - HIGHEST LEVELDES CONTROL TATS WAS DEC		<u> 1910 - 1910 y</u>	X № V	VHITE		sted (see worksheet on Use.)	9	
_ <u>8</u>	BUSINESS OWNER	IFE DO NOT USE RE		NO OF BUSINESS OR RID ACHINE SHOP		. foad construction, em	proyment agency, etc (9 YEARS IN OCCUPATION	
ENCE	1536 SNAFFLE BIT DRIVE							71	
USUAL	GARDNERVILLE	A. 1.75.	TY/PROVINCE GLAS	73 ZP C 8941	0	1 🕸 🖖 🛚 N	S STATE/FOREIGN COUNT		
MANT	28. INFORMANT'S KAME RELATIONSHIP LINDA G WICK, WIFE 27. INFORMANT'S KAME DE DIRECT, LODI, CA 95240								
SPOUSE/SHOP AND PARENT INFORMATION	26 NAME OF SURVIVING SPOUSE/SROP-FIRST	1	9. MIDDLE GEORGENE		ROEHLK				
	JI. NAME OF FATHER/PARENT-FIRST		SUNTHER		SE LAST WICK			GERMANY	
	33. NAME OF MOTHER/PARENT-PIRST GISELA	. +	6 MIDDLE CATARINE		MEYERHOR	1 (2)		GERMANY	
HAL DIRECTORY N. REGISTRAR	39. DISPOSITION DATE minidadesy 40. PLACE 01/08/2020 HWY 41. TYPE OF DISPOSITION(S)	99 & HARN	EY LN, LODI	E MEMORIAL CA 95240	PARK	/	Jan 1		
	CR/BU	11 14 - 15.22 15 1	▶ NOT	EMBALMED				DCENSK NUMBER	
풀의	44. NAME OF FUNERAL ESTABLISHMENT CHEROKEE MEMORIAL FU	NERAL HO	DME FD 167	NUMBER 48 SIGNATUS 2 ► OLIV	RE OF LOCAL REGISTRA IA KASIRYE,		C4-499 I	0ATE :nm/db/ccyv 1/08/2020	
PLACE OF DEATH	101 PLACE OF DEATH METHODIST HOSPITAL		owa iji		HOSPITAL SPECIFY ONE	E Province	THAN HOSPITAL SPECIF	Y ONE December (18 Other	
	SACRAMENTO 7500	HOSPITAL		NO (Street and mumber, or i	ges/lon)		SACRAMEN	то .	
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	Final disease or condition resulting in death)	-ETIOLOG	Y UNKNOWN		<u> 16,2</u>		SECS	EIOUSY PERFORMED?	
	Sequentisty, its! cancillans, if any, loading to cause on Lima A: Enter					<u> </u>	DYS	YES X NO	
ISE OF D	LYNDERLYING CAUSE Idisease or injury has a midated like events. (CA	1940 jajan 194						YES, X NG	
3	resulting in death) LAST 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO CARDIAC ARRHYTHMIA, S	TING TO DEATH BUT	NOT RESULTING IN THE	UNDERLYING CAUSE GIVE	N IN 107		##### C	yts No	
	113. WAS OPERATION PERFORMED FOR ANY CON	76.	340 - 38 LI	9			H3A F FDA	LE, PRECINANT IN LAST VEARS	
w Z	THE COMMENT HAS TO THE BEST OF AN INCOMEDICE DA	THOODUSED 115.	SIGNATURE AND TITLE	DE CERTIFIER			YES TO THE PROPERTY OF THE PRO	NO UNK	
SICIAN'S	AT THE FOLK DATE, AND PLACE STATED FROM THE CALSE Decedent Attended Serice Decedent Last (A) many defecty (B) many defect	Scori Aires A	ISHA HANIF	M.D.	DDRESS ZIP GODE	63	- 1 de 1 d	01/07/2020	
EN TA	12/22/2019 01/01/202	750	00 HOSPITAL	DR, SACRAM	MENTO, CA 95			CEYN 122 HOUR (24 HOUR)	
٠	MANNER OF DEATH Natural Acockors 123. PLACE OF INJURY [a.g., home, construction as	Homone	Succes Pring	Could not be	es 🗍	NO DOWN	er. Madri Dale maydan	cyf ias work isamoliki	
SE ONL	124. DESCRIBE HOW INJURY OCCURRED (Events			4.3					
CORONER'S USE ORLY	<u>ili. Pajaj</u> i, pina kana	./)	1				<u> Paulii</u>	i i	
SON	125, LOCATION OF INJURY (Street and number, or t					<u>.</u>	٠.		
٧.	126. SKINATURÉ OF CORÓNER / DEPUIY CORON			7 DATE mm/dd/ccyy	128 TYPE NAME, TITE		PUTY COADNER		
ST/ REGIS	ATE A B C	0	E		1191111111111111111111111111111111111		FAX AUTH.#	CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file with Sacramento County Department of Health Services.

DATE ISSUED January 15, 2020

* 0 0 1 8 5 3 8 5 0 *

Olive Kange M2

OLIVIA KASIRYE, MD

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

