

APN#: 1220-27-110-002

**Recording Requested By:**

eTRCo, LLC.

**When Recorded Mail To:**

David R. Samuel

9129 Richland Woods Dr.

Richland MI, 49083

**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*

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**

David R. Samuel, of legal age, being first duly sworn, deposes and says:

That Julia A. Samuel, / also known of record as Julia Ann Samuel, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Julia A. Samuel named as one of the parties in that certain Grant, Bargain and Sale Deed dated 11/6/1997 executed by Julia A. Samuel, a married woman as her sole and separate property to Julia A. Samuel, a married woman as her sole and separate property and David R. Samuel, a single man, as joint tenants as joint tenants, recorded as instrument No. 425763, on 11/6/1997, in Book 1197, Page 1279, 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 252, as shown on the map of GARDNERVILLE RANCHOS UNIT NO.7, filed for 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, Official Records.

Dated 8/26/2020

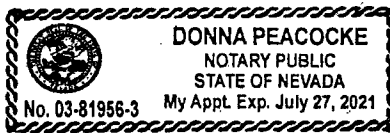
[Signature]  
David R. Samuel, Surviving Joint Tenant

STATE OF NEVADA }SS  
COUNTY OF DOUGLAS

This instrument was acknowledged before me on 08-20-2020

by David R. Samuel

[Signature]  
Notary Public



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

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

CASE FILE NO. 4148916

**CERTIFICATE OF DEATH**

**2020011609**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Julia Ann SAMUEL</b>			2. DATE OF DEATH (Mo/Day/Year) <b>May 30, 2020</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 address and number) <b>1400 Mary Jo Drive</b>			3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>			
	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>82</b>		7b. UNDER 1-YEAR <b>MOS DAYS</b>		
	7c. UNDER 1 DAY <b>HOURS MINS</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>November 05, 1937</b>		4. SEX <b>Female</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>Widowed</b>		
	13. SOCIAL SECURITY NUMBER <b>[REDACTED]-0765</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)			14b. KIND OF BUSINESS OR INDUSTRY <b>CASINO</b>		Ever in US Armed Forces? <b>No</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>		16d. STREET AND NUMBER <b>1400 Mary Jo Drive</b>		
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Alvin David FRITZ</b>				17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Bernadette Elizabeth PYTEL</b>				
	18a. INFORMANT- NAME (Type or Print) <b>David R SAMUEL</b>				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>5 Rocky Hill Dr Litchfield, New Hampshire 03052</b>				
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>			19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>			19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TAMAR R BEAULAC</b> SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD870</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno</b> <b>5890 S Virginia St. Suite 4-E Reno NV 89502</b>			
TRADE CALL	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) <b>NITA SCHWARTZ MD</b> SIGNATURE AUTHENTICATED				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) <b>June 08, 2020</b>		21c. HOUR OF DEATH <b>06:33</b>		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)		
REGISTRAR	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>		
	24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b> SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 08, 2020</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>			
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)							Interval between onset and death	
	PART I (a) <b>Emphysema</b>							Interval between onset and death	
	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 I.						26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (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. CITY OR TOWN STATE				

000819426



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.

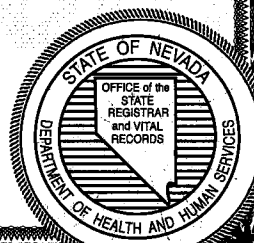
DATE ISSUED:

**6/10/2020**

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



*Wesley T Storey*  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE