

RECORDING REQUESTED BY:

MICHAEL P. HAMBSCH, Esquire

AND WHEN RECORDED MAIL TO:

ROLLSTON, HENDERSON & JOHNSON, LTD
Attorneys at Law
PO Box 4848
Stateline, NV 89449



KAREN ELLISON, RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**AFFIDAVIT - DEATH OF JOINT TENANT
By Surviving Spouse**

STATE OF NEVADA)
) SS.
COUNTY OF DOUGLAS)

ADELE M. LANSING, of legal age, being first duly sworn, deposes and says:

- TOBY J. LANSING** is the decedent mentioned in the attached certified copy of Certificate of Death, who died on November 5, 2019, at Carson Tahoe Regional Medical Center, in Carson City, Nevada.
- I am the surviving spouse of Decedent and was married to Decedent on his date of death.
- Decedent and I are the same persons who are named as grantees in that certain deed dated December 2, 2011, executed by Deutsche Bank National Trust Company, as Indenture Trustee for American Home Mortgage Investment Trust 2005-1, to **TOBY J. LANSING and ADEL M. LANSING, husband and wife as joint tenants**, recorded on **January 6, 2012**, as **Document No. 795484, Official Records of Douglas County, Nevada**, concerning the improved real property more particularly described in **EXHIBIT "A"** attached hereto and incorporated herein as though fully set forth. The common address for this real property is **313 Tramway Drive #5, Stateline, Nevada 89449. Tax Id. No. 1319-30-520-005.**

Dated: September 30, 2020

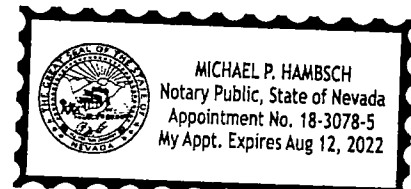
Adel M. Lansing
ADEL M. LANSING

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.

Subscribed and sworn to before me on this 30th day of September, 2020, by ADEL M. LANSING, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature

Michael P. Hambsch



(This area for notary stamp)

Exhibit "A"

Legal Description

ALL THAT CONDOMINIUM SITUATED IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, AND DESCRIBED AS FOLLOWS:

UNIT 5, AS SET FORTH ON THE CONDOMINIUM MAP OF LOT 51, AMENDED MAP OF TAHOE VILLAGE UNIT NO. 1, FILED OF RECORD MAY 25, 1982 AS DOCUMENT NO. 68043, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA.

TOGETHER WITH AN UNDIVIDED 1/30TH INTEREST IN AND TO THOSE PORTIONS DESIGNATED AS COMMON AREAS AS SET FORTH ON THE CONDOMINIUM MAP OF LOT 51, AMENDED MAP OF TAHOE VILLAGE UNIT NO. 1, FILED FOR RECORD MAY 25, 1982, AS DOCUMENT NO. 68043 OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA.

Tax ID: 1319-30-520-005

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4112099

CERTIFICATE OF DEATH

2019022116
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Toby J LANSING		2 DATE OF DEATH (Mo/Day/Year) November 05, 2019		3a COUNTY OF DEATH Carson City	
	3b CITY, TOWN, OR LOCATION OF DEATH Carson City		3c HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street ar number) Carson Tahoe Regional Medical Center		3e If Hosp or Inst indicate DOA OP/Emer Rm Inpatient(Specify) Emergency Room / Outpatient	
	4 SEX Male		5 RACE White (Specify)		6 Hispanic Origin? Specify No - Non-Hispanic	
DECEDENT	7a AGE-Last birthday (Years) 62		7b UNDER 1 YEAR MOS DAYS HOURS MINS		7c UNDER 1 DAY	
	8 DATE OF BIRTH (Mo/Day/Yr) May 30, 1957		9a STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	10 EDUCATION 16		11 MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Adel MARTINI	
	13 SOCIAL SECURITY NUMBER ████████-██-5089		14a USUAL OCCUPATION (Give Kind of Work Done During Most of) Revenue Officer		14b KIND OF BUSINESS OR INDUSTRY of Nevada Department of Motor Veh	
PARENTS	15a RESIDENCE - STATE Nevada		15b COUNTY Carson City		15c CITY, TOWN OR LOCATION Carson City	
	15d STREET AND NUMBER 821 Plymouth Dr		15e. INCLUDE CITY LIMITS (Specify Yes or No) Yes		16 PARENT - NAME (First Middle Last Suffix) Eugene LANSING	
DISPOSITION	17 PARENT - NAME (First Middle Last Suffix) Wilma WILLS		18a INFORMANT- NAME (Type or Print) Adel LANSING		18b MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) 821 Plymouth Dr Carson City, Nevada 89705	
	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) CARLEN BLANSETT SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD861		20c NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
TRADE CALL	TRADE CALL - NAME AND ADDRESS					
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) TIMOTHY G GENTNER MD 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) November 12, 2019		21c HOUR OF DEATH 02:11		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) Timothy G Gentner MD 1200 Mountain Street Carson City, NV 89703		23b LICENSE NUMBER 7494			
REGISTRAR	24a REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 12, 2019		24c DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) Pancreatic Cancer				Interval between onset and death	
	DUE TO OR AS A CONSEQUENCE OF (b) Unknown Etiology				Interval between onset and death	
	DUE TO OR AS A CONSEQUENCE OF (c) DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I None				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	



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: **NOV 15 2019**

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

11/15/2019

