

APN: 141914001021

RECORDING REQUESTED BY and
WHEN RECORDED MAIL TO:
First American Mortgage Solutions
Attn: Recording Team
4795 Regent Blvd.
Irving, TX 75063

ORDER NUMBER: 1109837LV

MAIL TAX STATEMENTS TO:
Lisa M. Yenter
3384 Alpine View Court
Carson City, NV 89705

[Space Above This Line For Recorder's Use]

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
):ss
COUNTY/CITY OF DOUGLAS)

LISA M. YENTER, being first duly sworn upon her oath, deposes and says:

1. That Affiant is the surviving spouse and joint tenant of **MARK W. YENTER**, Deceased;
2. That **MARK W. YENTER** a/k/a **MARK WILLIAM YENTER** died on May 25, 2018 in Douglas County, Nevada;
3. That a certified copy of the Certificate of Death of **MARK W. YENTER** is attached hereto;
4. That at the date of her death, **MARK W. YENTER** held an interest as a joint tenant with right of survivorship with Affiant, **LISA M. YENTER**, in that certain piece or parcel of land situated in Douglas County, State of Nevada, described as follows:

Lot 86 as shown on the map of **ALPINE VIEW ESTATES UNIT NO. 3**, filed in the office of the County Recorder of Douglas County, Nevada on April 16, 1973 as File No. 65319.

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Commonly known as: 3384 Alpine View Court, Carson City, NV 89705

5. That said joint tenancy was created by a Deed dated November 13, 2009 and recorded with the

Douglas County Recorder on December 10, 2009, as Document Number 755315.

6. That on account of the death of MARK W. YENTER, Affiant, LISA M. YENTER, succeeds to the interest of MARK W. YENTER as the survivor of the joint tenancy between LISA M. YENTER and MARK W. YENTER in the foregoing described property.
7. That Affiant executed the foregoing Affidavit after having read the same; that the contents thereof are true of her knowledge, except as to those matters therein stated on information and belief and as to those matters, she believes them to be true.

In all references herein to any parties, persons, entities or corporations, the use of any particular gender or the plural or singular number is intended to include the appropriate gender or number as the text of the within instrument may require.

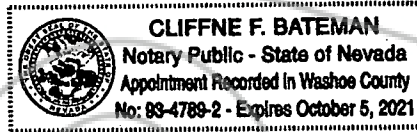
FURTHER AFFIANT SAYETH NOT.

DATED this 8th day of August, 20 20.

Lisa M. Yenter
LISA M. YENTER

SUBSCRIBED AND SWORN to before me on this 8TH
day of 2020.
AUGUST

Cliffne F Bateman
NOTARY PUBLIC in and for said
COUNTY/CITY and STATE



AFFIRMATION STATEMENT

(Check One)

I, the undersigned, hereby affirm that this document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons. (Per NRS §239B.030)

I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of any person or persons as required by law: _____

(State Specific Law)

Signature

Printed Name

Title/Relationship to Transaction

PREPARED BY:
Denise Mikrut, Esq.
Nevada Bar ID: 6743

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4021613

CERTIFICATE OF DEATH

2018010548

STATE FILE NUMBER

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Mark William YENTER		2. DATE OF DEATH (Mo/Day/Year) May 25, 2018		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) 3384 Alpine View Ct		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) 60		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) March 07, 1958		9a. STATE OF BIRTH (If not US/CA, name country) Germany		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 18		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Lisa Marie TALAMO	
13. SOCIAL SECURITY NUMBER 9087		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Us Army	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 3384 Alpine View Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Kenneth Elsworth YENTER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Dorothy Ann BERGER		
18a. INFORMANT - NAME (Type or Print) Lisa Marie YENTER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3384 Alpine View Ct Carson City, Nevada 89705			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Lone Mountain Cemetery		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD854		20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #83 Carson City NV 89706	
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) Matthew R Schlanger 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) MATTHEW R SCHLANGER SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) July 02, 2018		21c. HOUR OF DEATH 10:05		22b. DATE SIGNED (Mo/Day/Yr) July 02, 2018	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 10:05		22d. PRONOUNCED DEAD (Mo/Day/Yr) May 25, 2018	
22e. PRONOUNCED DEAD AT (Hour) 10:05		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Matthew R Schlanger : 1038 Buckeye Rd Minden, NV 89423			
23b. LICENSE NUMBER					
24a. REGISTRAR (Signature) MELISSA KNIGHT SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 02, 2018		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				Interval between onset and death	
(a) Thoracic Aortic Dissection				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Hypertension				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) _____				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) _____				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) Yes	
				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	

STATE REGISTRAR



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: 7/9/2018

Julie Katchmar
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

