

DOUGLAS COUNTY, NV **2021-970787**
Rec:\$40.00
\$40.00 Pgs=3 07/14/2021 08:45 AM
FNC TITLE SERVICES, LLC
KAREN ELLISON, RECORDER

AFFIDAVIT-Termination of Joint Tenancy (Death of a Joint Tenant)

Assessor's Parcel No. (APN#): 1220-21-610-063

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO:

Nanci Jean Siebers
1322 Honeybee Lane,
Gardnerville, NV 89460

ARS-49116

I, Nanci Jean Siebers, the Affiant, being of legal age, and being first duly sworn, depose, and says:

That Kenneth Mark Siebers, the decedent mentioned in the attached certified copy Certificate of Death, is the same person as Kenneth Mark Siebers named as one of the parties in that certain Grant, Bargain, Sale Deed dated on the April 8, 2016 and executed by Matthew Kalb and Jamie Kalb, husband and wife as joint tenants, known as "Grantors" to Kenneth Mark Siebers and Nanci Jean Siebers, husband and wife as joint tenants with right of survivorship, known as "Grantees", and recorded as Instrument No. 2016-879155, on the April 8, 2016, of Official Records of Douglas County, Nevada, cover the following described property situated in the City of Gardnerville, County of Douglas, State of Nevada.

LOT 467, OF GARDNERVILLE RANCHOS UNIT NO. 6, ACCORDING TO THE MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON MAY 29, 1973, IN BOOK 573, PAGE 1026, AS FILE NO. 66512.

Property Address: 1322 Honeybee Lane, Gardnerville, NV 89460

That value of all real property owned by the decedent at date of death, including the full value of the property above described, did not exceed the amount of sum of \$ 374,000.00.

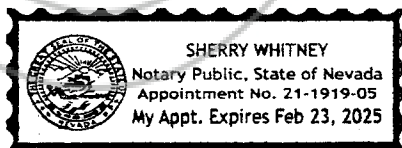
In witness whereof, I have hereunto set my hand this 17th day of June, 2021.


NANCI JEAN SIEBERS

STATE OF NEVADA }

County of Douglas to wit: }

Signed and sworn to (or affirmed before me this 17 day of June, 2021 by **NANCI JEAN SIEBERS**.




Notary Public

My Commission Expires: 2/23/25

ARS-49116

EXHIBIT "A"

LEGAL DESCRIPTION

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF DOUGLAS,
STATE OF NEVADA, AND IS DESCRIBED AS FOLLOWS:

LOT 467, OF GARDNERVILLE RANCHOS UNIT NO. 6, ACCORDING TO THE MAP
THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY,
STATE OF NEVADA, ON MAY 29, 1973, IN BOOK 573, PAGE 1026, AS FILE NO. 66512.

Tax Parcel ID No.: 1220-21-610-063

Commonly known as: 1322 Honeybee Lane, Gardnerville, NV 89460

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3979084

CERTIFICATE OF DEATH

2017017988

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) Kenneth Mark SIEBERS			2. DATE OF DEATH (Mo/Day/Year) September 13, 2017		3a. COUNTY OF DEATH Douglas		
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street address) Carson Valley Senior Living Assisted Living Facility			4. SEX Male		
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 72		7b. UNDER 1 YEAR MOS DAYS	
9a. STATE OF BIRTH (If not US/CA, name country) Wisconsin		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16		11. MARITAL STATUS (Specify) Married	
13. SOCIAL SECURITY NUMBER 4303		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY		15a. INSIDE CITY LIMITS (Specify Yes or No) Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1322 Honeybee Lane	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Kenneth Myland SIEBERS				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Phyllis Althea DECKHOFF			
18a. INFORMANT - NAME (Type or Print) Nanci SIEBERS				18b. MAILING ADDRESS (Street or R.F.D. No; City or Town, State, Zip) 1322 Honeybee Lane Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701			
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) MONICA GIESE		20b. FUNERAL DIRECTOR LICENSE NUMBER FD880		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502			
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) SIGNATURE AUTHENTICATED NITA SCHWARTZ MD				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) September 27, 2017		21c. HOUR OF DEATH 12:02		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)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz MD 710 W Washington St Carson City, NV 89703						23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 27, 2017		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) Alzheimers Dementia 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 1.						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			

STATE REGISTRAR

000691136



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:

10/3/2017

SIGNATURE AUTHENTICATED
STATE REGISTRAR

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

