DOUGLAS COUNTY, NV

KALICKI COLLIER, LLP

Rec:\$40.00 Total:\$40.00 2021-971211

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APN: 1220-16-110-017

Recording Requested By: HERITAGE LAW, A Division of KALICKI COLLIER, LLP 1625 Highway 88, Suite 304 Minden, Nevada 89423

Mail Future Tax Statements To: William A. Weik 1208 Pleasantview Drive Gardnerville, NV 89460

The undersigned hereby affirms that this document submitted for recording contains personal information as required by law: Affidavit of Death - NRS 440.380(1)(a) and NRS 40.525(5)

KAREN ELLISON, RECORDER

### AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA ) SS. COUNTY OF DOUGLAS

WILLIAM A. WEIK, being of legal age, and being of sound mind and body, hereby swears (or affirms) under penalty of perjury, that the following is true of his own personal knowledge:

That JOAN M. WEIK, the Decedent mentioned in the certified copy of Certificate of Death issued by the State of Nevada attached hereto as Exhibit 1 and incorporated herein by reference. is the same person as JOAN M. WEIK, Grantee in that certain Individual Grant Deed dated August 13, 1992, and recorded on August 24, 1992, as Document No. 286598 of Official Records of Douglas County, State of Nevada, which Individual Grant Deed pertains to property situated at 1208 Pleasantview Drive, Gardnerville, Douglas County, Nevada, and more precisely described as:

#### SEE LEGAL DESCRIPTION ATTACHED AS EXHIBIT "A" AND MADE A PART HEREOF

Pursuant to NRS 111.312, the above legal description was previously recorded in Individual Grant Deed recorded as Document No. 286598 of Official Records of Douglas County, State of Nevada, on August 24, 1992.

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Dated: June 3, 2021.

Millian A. Wei WILLIAM A. WEIK, Surviving Grantee and

Surviving Joint Tenant

STATE OF NEVADA SS. **COUNTY OF DOUGLAS** 

On June 3, 2021, before me, a Notary Pubilc, personally appeared WILLIAM A. WEIK, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he executed it.

Notary Public

Trelia

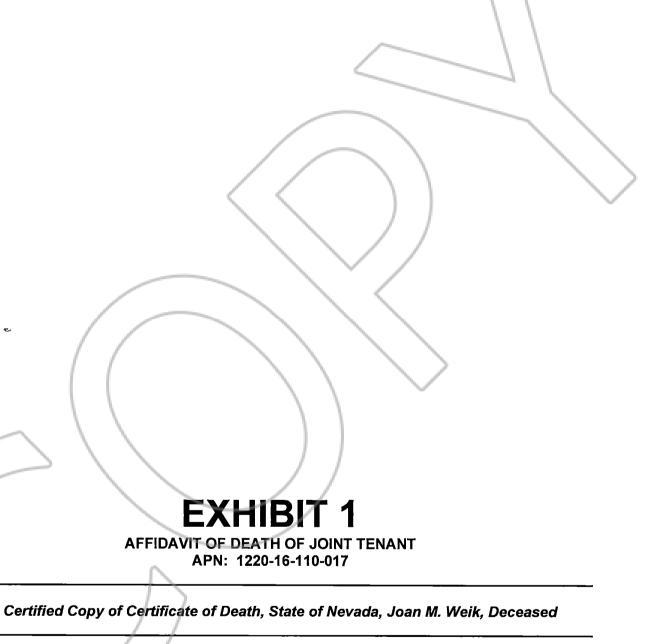
MICHELLE ANDRA GIBBONS Notary Public - State of Nevada Appointment Recorded in Douglas County No: 21-1975-05 - Expires January 4, 2025 APN: 1220-16-110-017

## **EXHIBIT "A" LEGAL DESCRIPTION**

Lot 3, Block A, as shown on the Final Map of Pleasantview Subdivision Phase I, filed in the Office of the County Recorder of Douglas County, Nevada, on April 6, 1990, in Book 490, page 916, Document n. 223488.

SUBJECT TO COVENANTS, CONDITIONS AND RESTRICTIONS NOW OF RECORD AS RECORDED ON APRIL 12, 1990, AS DOCUMENT NO. 223722 AND ANY AND AMENDMENTS THERETO.





# **COUNTY of SANTA CLARA**

### **PUBLIC HEALTH**

2220 MOORPARK AVENUE., SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH

STA	TE FILE NUMBER	<del></del>	USE BLACK	INK ONL	STATE OF Y/NO ERASU!	RES, WHI	EOUTS OF	ALTE	RATIONS -	·			_	
	1. NAME OF DECEDENT—FI			V9-11 (F	1/00)		LOCAL REGISTRATION NUMBER							
	JOAN		2. PIODE						EIK		- N	\ \		
DECEDENT PERSONAL DATA	4. DATE OF BIRTH MM/DD/2CYY 5. AGE Y						24 HOURS	6. se		_	MM/D	MIDDICCYY 8. HOUR		
	11/20/1942 58						F			03/09/200				
	9. STATE OF BIRTH 10. SOCIAL SECURITY N									in and the second		DUCATION-	YEARS COMPLET	
	CA -8472			• • • • • • • • • • • • • • • • • • • •	YES	X N	<u>يا .</u>	NK.	MARR	The state of the s		2		
	WHITE			15. HISPANIC-SPECIFY					16. USUAL EMPLO			State of the latest state	1	
	17. OCCUPATION			18. KIND OF BUSINESS					No	BANK OF AMERICA			TURATION	
	BRANCH MANAG	1	FINANCE						9					
USUAL RESIDENCE	20. RESIDENCE—(STREET AND NUMBER OR LOCATION)													
	1208 PLEASANTVIEW DRIVE													
				OUNTY		1	23. ZIP		3	7%	UNTY 25	. STATE OR	FOREIGN COUNT	
	GARDNERVILLE							9			NV OUTE NUMBER, CITY OR TOWN, STATE, ZIP			
INFORMANT	WILLIAM WEIK													
	WILLIAM WEIK-SPOUSE 1208 PLEASANTVIEW DRIVE, GARDNERVILLE, NV 894  28. NAME OF SURVIVING SPOUSE-FIRST 29. MIDDLS 30. LAST (MAIDEN NAME)											NV 89410		
SPOUSE AND PARENT INFORMATION	WILL		- WEI											
	31, NAME OF FATHER-FIRST			32. MIDDLE					33. LAST			34. BIRTH STATE		
	GUY								CARBIS				co	
	35. NAME OF MOTHER-	[ ]	36. MIDDLE 3					37. LAST (MAIDEN)				38. BIRTH ST		
	MARI	DE EINAL D						SCHLEYER				IL		
DISPOSITION(S)	03/21/2001	1				Pleac	antvi	21.7 T	Car	dnervil]	io m	7 90/1	^	
	41. TYPE OF DISPOSITION	v(s)		42	SIGNATURE	OF EMB	LMER	- W	ir., Gar	distant	LE, M	43. LICEN		
FUNERAL DIRECTOR AND LOCAL REGISTRAR	CR/TR/RES						NOT E	MBAI	MED 🥒				-	
	44. NAME OF FUNERAL DIRECTOR			45. LICENSE NO. 46. SIGNATURE OF LOCAL DEG						AR		47. DATE	M M / D D / C C Y	
	JONES M			D 1298	<b>&gt;</b>	mar	skeibne		03/20	/2001 M				
PLACE OF DEATH	101. PLACE OF DEATH STANFORD MEDI	CAL CENT	FR	1700	HOSPITAL,	100	DNE 10	3. FACI	LITY OTHER TO	HAN HOSPITAL	CANT	A CLAR	٨	
	105. STREET ADDRESS -ISTREET AND NUMBER OR LOCATION)							HOS	CARE	E L OTHER	106. CIT		<u> </u>	
12	300 PASTEUR DRIVE STANFORD													
CAUSE OF DEATH	107, DEATH WAS CAUSED	BY: (ENTER O	NLY ONE CA	USE PER	LINE POR	, B, C, A	ום מא			TIME INTERY	AL 108.	DEATH REPO	RTED TO CORONE	
										AND DEATH	4	YES	X No	
	CAUSE (A) RESPIRATORY FAILURE									MINS	-	REFERRA	L NUMBER	
							1 1				109.	BIOPSY PE	RFORMED	
	DUE TO (B) OVERV/HELMING SE				:PSIS					HOURS		YES	X No	
	pur re .e. At							DAYS	1 -		PERFORMED			
	DUE TO (C) AML							-			<u> </u>	YES	NO TERMINING CAUSE	
	DUE TO (D)		/ /					''	7					
	112. OTHER BIGNIFICANT	CONDITIONS C	NITUBIRTIO:	G TO DE	ATH BUT NO	T RELATE	D TO CAU	SE GIV	EN IN 107			YES	Мо	
	NONE													
	113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 1127 IF YES, LIST TYPE OF OPERATION AND DATE.													
PHYSI- CIAN'S CERTIFICA- TION	EDGE DEATH OCCURR	ED AT THE HOU	R. DATE	115. 516	n					116. LICENSE A72803		03/09/2	M M / D D / C C Y	
	AND PLACE STATED FROM THE CAUSES STATED.  DECEORNT ATTENDED SINCE DECEDENT LIST SEEN AUVE M M / DD/CCYY M M / DD/C											03/09/2	2001	
	03/07/2001 03/09/2001 STEVEN COUTRE MD 300										ANFOR	RD, CA	94305	
CORONER'S USE ONLY	I CERTIFY THAT IN MY OPINION DEATH 120, INJURY AT WORK 121 IN.						URY DATE M M / D D / C C Y Y 122. HOUR 123. PLACE OF INJURY							
	STATED FROM THE CAUSES STATED.													
	124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)													
	MATURAL SUICIDE HOMICIDE													
	125. LOCATION (STREET		R LOCATION	AND CI	TY, ZIP)									
·-	126. SIGNATURE OF COR	ONER OP DEPU	TY CORONER	ı	127, DA1	E M M / D	D/CCYY	128	TYPED NAM	ME, TITLE OF	ORONER	OR DEPUT	Y CORONER	
The same of the sa														
STATE REGISTRAR	А	0	050	E	F CODY	G	/IT -			итн. <b>*</b> 194	480		ENSUS TRACT	
	TE OF CALIFORN	<u> </u>	LEH	i jr I E	D COP	r UP	vii A <u>Ļ</u>	坏	CORDS	2.9.	<del>( 2</del> 0	<del>01  </del> -		
- JIA	IL OF CALIFORN		SS	DATE	ISSUED			W	€ €	W. W.				

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This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

MARTIN D. FENSTERSHEIB HEALTH OFFICER AND LOCAL REGISTRAR OF BIRTHS AND DEATHS

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

