

APN# 1320-29-610-088



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Wilbur R. Neufeld

Address: 1727 Arbello Dr.

City/State/Zip: Minden, NV 89423

Mail Tax Statements to:

Name: Wilbur R. Neufeld

Address: 1727 Arbello Dr.

City/State/Zip: Minden, NV 89423

Affidavit - Death of Joint Tenant

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Wilbur R. Neufeld
Signature

Wilbur R. Neufeld
Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

APN: 1320-29-610-088

RECORDING REQUESTED BY:

Wilbur R. Neufeld
1727 Arbello Dr.
Minden, NV 89423

AFTER RECORDATION, RETURN BY MAIL TO:

Wilbur R. Neufeld
1727 Arbello Dr.
Minden, NV 89423

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss:
COUNTY OF DOUGLAS)

Wilbur R. Neufeld, being 18 years or over, being first duly sworn, deposes and says:

The decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Charlotte K. Neufeld named as one of the parties in that certain Grant, Bargain, Sale Deed dated September 29, 2015, executed by Wilbur R. Neufeld and Charlotte K. Neufeld, husband and wife to Charlotte K. Neufeld, Wilbur R. Neufeld (surviving tenant), and Sheila K. Neufeld (surviving tenant), as joint tenants, and recorded on September 29, 2015, Document No. 2015-870312 of Official Records of Douglas County, State of Nevada, covering the following described real property in Minden, in said County, State of Nevada:

Lot 103 in Block H, as set forth on the Final Subdivision Map for MONTERRA PHASE I recorded in the office of the Douglas County Recorder, State of Nevada, on August 24, 2005 in Book 0805, Page 11150 as Document No. 653145 of Official Records.

A.P.N. 1320-29-610-088

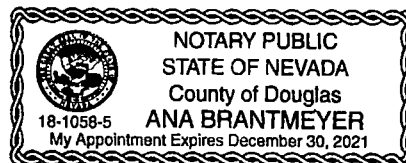
Dated: 12-6-2021

Wilbur R. Neufeld
Wilbur R. Neufeld

State of Nevada)
) ss.
County of Douglas)

Subscribed and sworn to (or affirmed) before me on this 6th day of December, 2021, by Wilbur R. Neufeld, proved to me on the basis of satisfactory evidence to be the person(s) who appear before me.

[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. 4237297

CERTIFICATE OF DEATH

2021023188
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) Charlotte Kay NEUFELD		2. DATE OF DEATH (Mo/Day/Year) September 18, 2021		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 and number) Carson Nursing & Rehabilitation Center		3e If Hosp. or Inst indicate DOA,OP/Emer Rm Inpatient(Specify) Nursing Home	
4 SEX Female		5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) 77		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 11, 1943		9a. STATE OF BIRTH (If not US/CA, name country) Oklahoma		9b. CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 12		11 MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Wilbur NEUFELD	
13 SOCIAL SECURITY NUMBER ██████-2564		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) HOMEMAKER		14b. KIND OF BUSINESS OR INDUSTRY OWN HOME	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1134 Montcito Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Owen BEST			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Alta MILLS		
18a INFORMANT - NAME (Type or Print) Wilbur NEUFELD		18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1134 Montcito Drive Minden, Nevada 89423			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD304		20c NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
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 REKA P DANKO 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 22, 2021		21c HOUR OF DEATH 06:00		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) Reka P Danko MD 1600 Medical Pkwy Carson City, NV 89703				23b. LICENSE NUMBER 13935	
24a REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 23, 2021		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) Cardiopulmonary Arrest					
(b) Kidney Carcinoma					
(c) Acute Respiratory Failure					
(d) Hypotension					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I Toxic Encephalopathy; Acute Kidney Failure, Unknown Etiology				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	



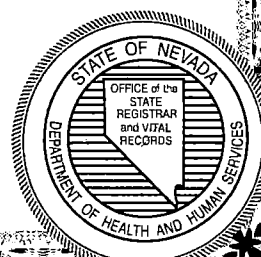
CERTIFIED COPY OF VITAL RECORDS

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: **10/1/2021**

John Skyles
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE