



KAREN ELLISON, RECORDER

APN# 1320-29-610-084

Recording Requested by/Mail to:

Name: Wilbur R. Neufeld

Address: 1134 Montecito Dr.

City/State/Zip: Minden, NV 89423

Mail Tax Statements to:

Name: Wilbur R. Neufeld

Address: 1134 Montecito 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: 1320-29-610-084

RECORDING REQUESTED BY:

Wilbur R. Neufeld
1134 Montecito Dr.
Minden, NV 89423

AFTER RECORDATION, RETURN BY MAIL TO:

Wilbur R. Neufeld
1134 Montecito 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 as joint tenants, to Charlotte K. Neufeld, Wilbur R. Neufeld (surviving tenant), and Alan R. Neufeld (surviving tenant), as joint tenants, and recorded on September 29, 2015, Document No. 2015-870311 of Official Records of Douglas County, State of Nevada, covering the following described real property in Minden, in said County, State of Nevada:

Lot 90 in Block G, 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. 1320-29-610-084

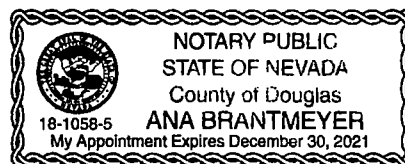
Dated: 12-6-2021

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 | 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 ar number) Carson Nursing & Rehabilitation Center | | 3e If Hosp. or Inst. Indicate DOA,OP/Emer Rm Inpatient(Specify) Nursing Home | |
| DECEDENT | 5 RACE (Specify) White | | 6 Hispanic Origin? Specify No - Non-Hispanic | | 7a AGE-Last birthday (Years) 77 | |
| | 7b UNDER 1 YEAR MOS | | 7c UNDER 1 DAY HOURS | | 8 DATE OF BIRTH (Mo/Day/Yr) November 11, 1943 | |
| IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS | 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 | | | |
| PARENTS | 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 | |
| DISPOSITION | 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 | | |
| TRADE CALL | 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 | |
| CERTIFIER | 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE | | 20b. FUNERAL DIRECTOR OF 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 | | | | | |
| REGISTRAR | 21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) 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) | |
| CAUSE OF DEATH | 21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22c HOUR OF DEATH | | 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 | | | |
| CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST | 24a REGISTRAR (Signature) BLAISE SATARIANO | | 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"/> | |
| | 24b. SIGNATURE AUTHENTICATED | | | | | |
| CAUSE OF DEATH | 25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) | | | | Interval between onset and death | |
| | PART I | | | | | |
| CAUSE OF DEATH | (a) Cardiopulmonary Arrest | | | | Interval between onset and death | |
| | (b) Kidney Carcinoma | | | | Interval between onset and death | |
| CAUSE OF DEATH | (c) Acute Respiratory Failure | | | | Interval between onset and death | |
| | (d) Hypotension | | | | Interval between onset and death | |
| CAUSE OF DEATH | 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 | |
| CAUSE OF DEATH | 28a ACC., SUICIDE, HOIM, UNDET OR PENDING INVEST (Specify) | | 28b DATE OF INJURY (Mo/Day/Yr) | | 28c HOUR OF INJURY | |
| | | | | | 28d DESCRIBE HOW INJURY OCCURRED | |
| CAUSE OF DEATH | 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.

John Lawrence
STATE REGISTRAR

DATE ISSUED: 10/1/2021

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

