

APN# 1320-29-610-084

Recording Requested by/Mail to:

Name: FATCO

Address: 1663 US HWY 395 STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: WILBUR R. NEUFELD

Address: 1134 Montecito Drive

City/State/Zip: Minden, NV 89423

AFFIDAVIT - TERMINATING JOINT TENANCY

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)

Marsy L. Harrell
Signature

MARSY L. HARRELL
Printed Name

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

A.P.N.: 1320-29-610-084
File No: 143-2643032 (et)

When Recorded return to, and mail Tax Statements to:
Wilbur R. Neufeld
1134 Montecito Drive
Minden NV 89423

AFFIDAVIT - TERMINATING JOINT TENANCY

Wilbur R. Neufeld, of legal age, being first duly sworn, deposes and says:

That **Alan Ray Neufeld**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Alan R. Neufeld** named as one of the parties in that certain **GRANT BARGAIN AND SALE DEED** dated **9/9/2015** executed by **Wilbur R. Neufeld and Charlotte K. Neufeld** to **Wilbur R. Neufeld and Charlotte K. Neufeld, and Alan R. Neufeld** as joint tenants, recorded as Document No. **2015-870311** on **9/29/2015** in Book **N/A** of Official Records of **Douglas** County, **Nevada** covering the following described property situated in the County of **Douglas**, 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.

Wilbur R. Neufeld 01/19/2022
Wilbur R. Neufeld Date

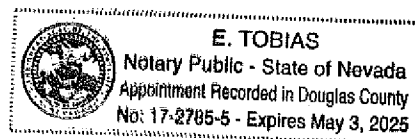
STATE OF **NEVADA**)
) :SS.
COUNTY OF **DOUGLAS**)

This instrument was acknowledged before me on this:
19 day of January, 2022

By: **Wilbur R. Neufeld**

By: [Signature] / Its: _____

Notary Public
(My commission expires: 4/3/25)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4254662

CERTIFICATE OF DEATH

2021031653
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) Alan Ray NEUFELD			2. DATE OF DEATH (Mo/Day/Year) December 13, 2021			3a. COUNTY OF DEATH Douglas														
3b. CITY, TOWN, OR LOCATION OF DEATH Minden			3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or number) 1134 Montecito Drive			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) 61			7b. UNDER 1 YEAR MOS DAYS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) March 28, 1970					
9a. STATE OF BIRTH (if not US/CA, name country) California			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 12			11. MARITAL STATUS (Specify) Never Married			12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)								
13. SOCIAL SECURITY NUMBER ██████████-7162			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)			14b. KIND OF BUSINESS OR INDUSTRY Package Delivery			Ever in US Armed Forces? No											
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Minden			15d. STREET AND NUMBER 1134 Montecito Drive			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes								
16. FATHER/PARENT - NAME (First Middle Last Suffix) Wilbur Ray NEUFELD						17. MOTHER/PARENT - NAME (First Middle Last Suffix) Charlotte Kay BEST														
18a. INFORMANT - NAME (Type or Print) Wilbur Ray NEUFELD						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1134 Montecito 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)						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) JUSTIN T DAVIS SIGNATURE AUTHENTICATED														
21b. DATE SIGNED (Mo/Day/Yr)			21c. HOUR OF DEATH			22b. DATE SIGNED (Mo/Day/Yr) December 18, 2021			22c. HOUR OF DEATH 20:15											
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr) December 13, 2021			22e. PRONOUNCED DEAD AT (Hour) 20:15											
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Justin T Davis - P O Box 218 Minden, NV 89423									23b. LICENSE NUMBER											
24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 20, 2021			24c. DEATH DUE TO COMMUNICABLE DISEASE- YES <input type="checkbox"/> NO <input type="checkbox"/>											
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)																				
PART I																				
(a) Pending Investigation																				
DUE TO, OR AS A CONSEQUENCE OF:																				
(b) Pending Investigation																				
DUE TO, OR AS A CONSEQUENCE OF:																				
(c)																				
DUE TO, OR AS A CONSEQUENCE OF:																				
(d)																				
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.																				
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) PENDING INVEST.						26b. DATE OF INJURY (Mo/Day/Yr)			26c. HOUR OF INJURY			26d. 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 Nevada		

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: 12/20/2021

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

Jan Shughart

STATE REGISTRAR

