

APN: 1420-29-711-007

When Recorded Mail to:

Charles S. Zumpft, Esq
990 Ironwood Drive
Minden NV 89423

Mail Tax Statements to:

Christopher Micheals
8 Chalk Hill Court
Las Vegas NV 89141



00150460202209813840030035

KAREN ELLISON, RECORDER

SPACE ABOVE RESERVED FOR RECORDER'S USE

Pursuant to *NRS 239B.030*, I, the undersigned, affirm that this document submitted for recording does not contain the social security number of any person or persons.

AFFIDAVIT OF DEATH OF JOINT TENANT

State of NEVADA)
 : ss.
County of DOUGLAS)

Comes now, Christopher Micheals, affiant herein, being of lawful age and sound mind and having been duly sworn upon his oath, states:

1. I am over 18 years of age, am of sound mind, and if called to testify would competently testify to the following.

2. The real property commonly known as 2856 Sierra Manor Drive., Minden, NV 89423, was conveyed to Andrew Micheals, a single man and Janet M. Micheals, a Widow, as Joint Tenants, by that certain Grant, Bargain, Sale Deed recorded on June 27, 2002 as Document No. 545872 in Book 0602 at Page 09282 of the Official Records in the Office of the County Recorder of Douglas County, in and for the State of Nevada, (the "Deed").

3. Andrew Micheals (Decedent) died on October 21, 2020. A certified copy of Decedent's death certificate is attached hereto and incorporated herein by reference.

4. At the time of the Decedent's death, he was the record owner, of certain real property which property is described in a Grant, Bargain and Sale Deed.

5. The real property commonly known as 2856 Sierra Manor Drive Minden, NV 89423, which is the subject of the Deed is located in the County of Douglas, State of Nevada, and is more particularly described as follows:

Lot 38, Block E; of SARATOGA SPRINGS ESTATES, UNIT 1, as shown on the Official Map recorded in the Office of the County Recorder on June 16, 1990, in book 690, Page 525, as Document No. 227472.

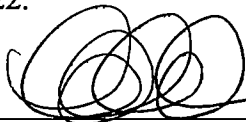
APN: 1420-29-711-007

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions remainders, rents, issues or profits thereof.

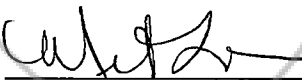
Pursuant to NRS §111.312, this legal description was previously recorded on June 27, 2002, as Document No. 545872 in Book 0602 at Page 09283, in the Official Records of Douglas County.

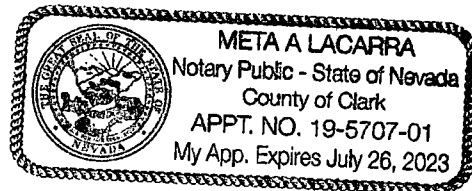
DATED this 12 day of Feb 2022.

State: Nevada
County: Clark


Christopher Micheals

SUBSCRIBED and SWORN to before me
this 12 day of Feb 2022.


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. 4174539

CERTIFICATE OF DEATH

2020023440
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) Andrew Philip MICHEALS		2. DATE OF DEATH (Mo/Day/Year) October 21, 2020		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 2856 Sierra Manor 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) 73		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 23, 1941		9a. STATE OF BIRTH (If not US/CA, name country) Iowa		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Divorced		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER [REDACTED]-2403		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) TRUCK DRIVER		14b. KIND OF BUSINESS OR INDUSTRY TRUCKING	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2856 Sierra Manor Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Russell Louis MICHEALS	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Janet May WARMING		18a. INFORMANT - NAME (Type or Print) Jenny Rebecca MICHEALS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1901 San Simeone Way Stockton, California 95207	
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 & Creations 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) DOUGLAS VACEK DO SIGNATURE AUTHENTICATED			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) October 26, 2020		21c. HOUR OF DEATH 19:50		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) Douglas Vacek DO 850 6th Street Lovelock, NV 89419	
23b. LICENSE NUMBER 1125				24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 26, 2020				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					
(a) Cardiac Arrest Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Congestive Heart Failure Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Atherosclerotic Cardiovascular Disease Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Hypertension 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	

000837065



CERTIFIED COPY OF VITAL RECORDS

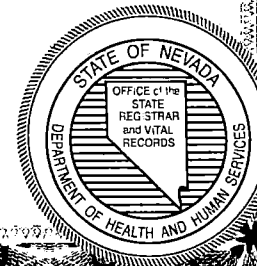
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

10/28/2020

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

John Storey
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE