

A.P.N. 1420-07-610-022

WHEN RECORDED MAIL TO:

Silvia U. Villanueva, Esq.  
ADLER & VILLANUEVA, LLC  
204 N. Minnesota Street, Suite A  
Carson City, Nevada 89703

MAIL TAX STATEMENTS TO:  
Christine Dominguez  
2155 Arnold Drive  
Rocklin, CA 95765



KAREN ELLISON, RECORDER

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF CALIFORNIA        )  
  :ss.  
COUNTY OF PLACER         )

CHRISTINE DOMINGUEZ, as Successor Trustee for the Estate of JOHANNA EMMA GOTTSCHALK, does hereby swear under perjury that the assertions of this affidavit are true and declares the following:

1. CHRISTINE DOMINGUEZ is the surviving daughter of joint tenants RICHARD J. GOTSCHALK and JOHANNA E. GOTTSCHALK, both deceased, and
2. RICHARD J. GOTSCHALK died in Reno, County of Washoe, Nevada, on April 26, 2016. A certified copy of the Certificate of Death of RICHARD J. GOTSCHALK is attached to this Affidavit.
3. On March 25, 1994, RICHARD J. GOTSCHALK and JOHANNA E. GOTTSCHALK acquired title as joint tenants to a parcel of real property situated in Carson City, County of Douglas, State of Nevada, by Deed recorded as Document No. 334958, of the Official


Records of Douglas County, Nevada. The legal description of the real property is as follows:

All that real property in the County of Douglas, State of Nevada, bounded and described as follows:

Lot 4 in Block C, of the final map of SUNRIDGE HEIGHTS PHASE 1, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 11, 1993, as Document No. 309550.

4. At the time of death of RICHARD J. GOTSCHALK, title to the real property described in paragraph 3 above continued to be held by RICHARD J. GOTSCHALK and JOHANNA E. GOTTSCHALK, as joint tenants. As a result of the death of RICHARD J. GOTSCHALK and the joint tenancy form of title, the real property described in paragraph 3 above is now owned by JOHANNA E. GOTTSCHALK.

Dated this \_\_ day of April, 2022.

  
CHRISTINE DOMINGUEZ, Successor  
Trustee for the Estate of Johanna Emma  
Gottschalk

SUBSCRIBED and SWORN (or affirmed) to  
before me by CHRISTINE DOMINGUEZ,  
Successor Trustee this 1<sup>st</sup> day of April, 2022.



  
NOTARY PUBLIC

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

CASE FILE NO. 3891338

**2016007772**  
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

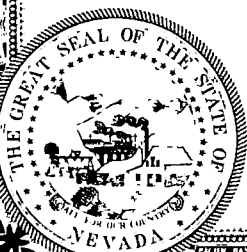
CAUSE OF  
DEATH

CONDITIONS IF  
ANY WHICH  
GAVE RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Richard Johannes GOTTSCHALK</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 26, 2016</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) <b>Renown Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>84</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS MINS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>December 27, 1931</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Germany</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Johanna Emma GRAF</b>	
13. SOCIAL SECURITY NUMBER <b>██████████-9505</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Mechanic</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>TWA</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
15d. STREET AND NUMBER <b>3565 Loam Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Ernst Johannes GOTTSCHALK</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Hildegard GEIK</b>		18a. INFORMANT- NAME (Type or Print) <b>Johanna Emma GOTTSCHALK</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>P O Box 1341 Minden, Nevada 89423</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Rocklin Cemetery District</b>		19c. LOCATION City or Town State <b>Rocklin California 95677</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>DARREN K HILL</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>884</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Chapel of the Valley 1281 N Roop Carson City NV 89708</b>	
21. 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) <b>PETER J HINCKLEY</b> <b>SIGNATURE AUTHENTICATED</b>			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) <b>April 29, 2016</b>		21c. HOUR OF DEATH <b>05:26</b>		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) <b>Peter J Hinckley 1155 Mill Street (W11) Reno, NV 89502</b>			
23b. LICENSE NUMBER <b>LL2661</b>				24a. REGISTRAR (Signature) <b>BRIDGES SANDI</b> <b>SIGNATURE AUTHENTICATED</b>	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 29, 2016</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I					
(a) <b>Cardiopulmonary Arrest</b>				Interval between onset and death <b>2 Days</b>	
(b) <b>Acute Encephalopathy</b>				Interval between onset and death	
(c) <b>Seizure</b>				Interval between onset and death	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Hypertremia, Bacteremia,</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		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	

STATE REGISTRAR

VRS-Rev-20120523a



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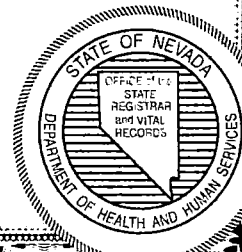
CERTIFIED COPY OF VITAL RECORDS

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: **5/5/2016**

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

*Cody Phinney*  
STATE REGISTRAR  
**SIGNATURE AUTHENTICATED**



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE