

APN No.: 1420-07-818-020

Escrow No.: 22027440-DC

Recording Requested By:
First Centennial Title Company of Nevada
896 W Nye Ln, Ste 104
Carson City, NV 89703

When Recorded Return to:
First Centennial Title Company of Nevada
896 W Nye Ln, Ste 104
Carson City, NV 89703

Mail Tax Statements to:
Caleb Associates, LLC, a Nevada Limited
Liability Company
8745 Technology Way, Ste F
Reno, NV 89521

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF JOINT TENANT

(Title of Document)

Please complete Affirmation Statement below:

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS440.380(i)(a) & 40.525(5) (state specific law).


SIGNATURE

ESCROW OFFICER
TITLE

DENISE CLARK
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

SPACE BELOW FOR RECORDER

APN: 1420-07-818-020
Escrow No. 22027440-DC

When Recorded Return to:
Richard C. Waelbrock
2612 Silver Sage Drive
Carson City, NV 89701

SPACE ABOVE FOR RECORDERS USE

AFFIDAVIT - DEATH OF JOINT TENANT

Richard C. Waelbrock, of legal age, being duly sworn, deposes and says

That Cathryn Ann Waelbrock the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Cathryn A. Waelbrock named as one of the parties in that certain Grant, Bargain, Sale Deed dated November 9, 1994 executed by Kenneth Wayne Taylor and Gloria M. Taylor, husband and wife to Richard C. Waelbrock and Cathryn A. Waelbrock, husband and wife as joint tenants with right of survivorship recorded as Instrument No. 352701, on December 15, 1994 in Book 1294 Page 2428 of Official Records of Douglas County, Nevada, covering the following described property.

Lot 7, in Block A, of Impala Mobile Home Estates, Phase 2, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on April 7th, 1982, as Document No. 66654.

EXCEPTING THEREFROM any mobile home or manufactured housing unit and appurtenances, if any, located on said land.

Assessors Parcel No.: 1420-07-818-020

Richard C. Waelbrock
Richard C. Waelbrock


Dated: 5-27-2022

STATE OF NEVADA

DC
~~COUNTY OF~~ CARSON CITY

This instrument was acknowledged before me on this 27 day of May, 2022, by
Richard C. Waelbrock.

[Signature]
Notary Public

 D. CLARK
Notary Public - State of Nevada
Appointment Recorded in Lyon County
No: 22-4703-12 - Expires February 21, 2026

COPY

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. 3877876

2016002071
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) Cathryn Ann Waelbrock | | 2. DATE OF DEATH (Mo/Day/Year) February 06, 2016 | | 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 address) Ormsby Post Acute Rehab Residential Care Facility | | 4. SEX Female | |
| 5. RACE White (Specify) | | 6. Hispanic Origin? Specify No - Non-Hispanic | | 7a. AGE-Last birthday (Years) 65 | |
| 9a. STATE OF BIRTH (If not US/CA, name country) California | | 9b. CITIZEN OF WHAT COUNTRY United States | | 10. EDUCATION 14 | |
| 13. SOCIAL SECURITY NUMBER ██████████-9957 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) | | 14b. KIND OF BUSINESS OR INDUSTRY | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Carson City | | 15c. CITY, TOWN OR LOCATION Carson City | |
| 15d. STREET AND NUMBER 2612 Silver Sage Drive | | 11. MARITAL STATUS (Specify) Divorced | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Glenn GULLICK | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Betty GULLICK | | |
| 18a. INFORMANT- NAME (Type or Print) Tyler Waelbrock | | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1419 N. Nevada Street Carson City, Nevada 89701 | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME La Paloma Reno | | 19c. LOCATION City or Town State Reno Nevada | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE MEYER SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER 854 | | 20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3084 Research Way #83 Carson City NV 89706 | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) STEVEN L PHILLIPS M.D. SIGNATURE AUTHENTICATED | | | | | |
| 21b. DATE SIGNED (Mo/Day/Yr) February 09, 2016 | | 21c. HOUR OF DEATH 05:39 | | 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) | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22b. DATE SIGNED (Mo/Day/Yr) | | 22c. HOUR OF DEATH | |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Steven L Phillips M.D. 5250 Neil Rd Ste #207 Reno, NV 89502 | | 23b. LICENSE NUMBER 6596 | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) | |
| 24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 09, 2016 | | 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).) | | | | 26. AUTOPSY (Specify Yes or No) No | |
| PART I | | | | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes | |
| (a) Wasting Syndrome | | | | Interval between onset and death Months | |
| (b) Metastatic Melanoma | | | | Interval between onset and death Years | |
| (c) Metastatic Melanoma | | | | Interval between onset and death | |
| (d) Metastatic Melanoma | | | | 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. | | | | | |
| 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



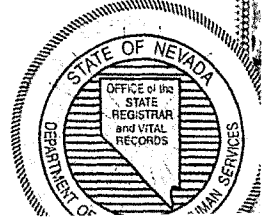
614384 CERTIFIED COPY OF VITAL RECORDS

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: 2/18/2016

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

R. D. White
SIGNATURE AUTHENTICATED



VRS-Rev-20120523a