DOUGLAS COUNTY, NV

Rec:\$40.00 Total:\$40.00 2022-992068 12/02/2022 09:20 AM

FREDERICK SCHWEIGERT

Pgs=3

This document does contain a social security number pursuant to NRS 440.380(1)(a) & NRS 40.525(5)

Natalia K. Vander Laan, Esq.

APN: 1320-32-212-014

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KAREN ELLISON, RECORDER

Recording requested by:	)
Frederick Schweigert	)
1543 Deseret Drive	)
Minden, NV 89423	)
	)
When recorded mail to:	)
Frederick Schweigert	)
1543 Deseret Drive	)
Minden, NV 89423	)
	)
Mail tax statement to:	)
Frederick Schweigert	)
1543 Deseret Drive	)
Minden, NV 89423	·)

## AFFIDAVIT – DEATH OF CO-TENANT

I, FREDERICK JOSEPH SCHWEIGERT, of legal age, being first duly sworn, declare under penalty of perjury that:

LISA CHRISTINE SCHWEIGERT, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as LISA C. SCHWEIGERT named as one of the parties (grantee) in that certain deed dated July 13, 2013, and executed by Pamela L. Knorr, an unmarried woman (grantor) to Frederick J. Schweigert and Lisa C. Schweigert, husband and wife AS JOINT TENANTS (grantees), recorded on August 9, 2013, as Document No. 828631 of the Official Records of Douglas County, Nevada, covering the following described property situated in Douglas County, Nevada:

LOT 14, IN BLOCK D, AS SET FORTH ON FINAL SUBDIVISION MAP LDA 02-059 FOR MACKLAND UNIT 3, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON OCTOBER 13, 2003 IN BOOK 1003, AT PAGE 5813, AS DOCUMENT NO. 593255,

Together with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereunto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

## Subject to:

- 1. All general and special taxes for the current fiscal year.
- 2. Covenants, conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

LISA CHRISTINE SCHWEIGERT, the deceased party, died on March 2018, as shown in the attached certified copy of Certificate of Death.

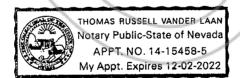
The Affiant is the husband of the deceased party now holding title as FREDERICK JOSEPH SCHWEIGERT, an unmarried man as his sole and separate property.

Executed on November 22, 2022, in the county of Douglas, state of Nevada.

FRÉDERICK JOSÉPH SCHWEIGERT

STATE OF NEVADA )
: ss
COUNTY OF DOUGLAS )

Signed and sworn to (or affirmed) before me on this November 22, 2022, by FREDERICK JOSEPH SCHWEIGERT.



**NOTARY PUBLIC** 

This Affidavit was prepared without the benefit of title search and the description of the property was furnished by the Affiant. The preparer of this affidavit assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.



## CERTIFICATION OF VITAL RECORD

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

CASE FILE NO. 4204043

**CERTIFICATE OF DEATH** 

2021007485

TYPE OR	· · · · · · · · · · · · · · · · · · ·	STATE FILE NUMBER											
Marie Line	1a. DECEASED-NAME (FIRST,M	,		2. DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH									
PERMANENT BLACK INK	Lisa Ch		==::::=::::::::::::::::::::::::::::::::				March 20, 2021 Douglas					as i	
Š	3b. CITY, TOWN, OR LOCATION	ITAL OR OTHER	INSTITUTION -	Name(If not	either give	e street ar 3e,If Hosp. or Inst. indicate DOA,OP/Emer			r. Rm. 4	I. SEX			
DECEDENT	Minden	number)		1543 Desere	et Dr	′ .	. ["	npatient(Sp		Home	\ \		Female
SECEDENT	5. RACE (Specify)		6. Hispanic Origin		7a. AGE-L	ast birthday	7b, UNDER	R 1 YEAR			8. DATE	OF BIRTH (	(Mo/Day/Yr)
	Whi	White No - Non-Hispa				58	MOS	DAYS	HOURS	MINS	1 1	tember 2	
IF DEATH	9a. STATE OF BIRTH (If not US/C	A, 9b. CITIZEN OF	WHAT COUNTE	RY 10.EDUCAT	FION 11. MARITAL	RITAL STATU	S (Specify)	12, SURV	12, SURVIVING SPO	SE'S NAM	E (Last nam	e prior to first	marriage)
OCCURRED IN	name country) California	) Unite	d States	12		Marrie	d	Frederick Joseph SCHWEIGERT					
HANDBOOK REGARDING	13. SOCIAL SECURITY NUMBER		CCUPATION (Giv	e Kind of Work I	Done During	Most of	14b. KIN	ND OF BUS	SINESS OR	INDUST	NDUSTRY Ever in US Armed		
COMPLETION OF RESIDENCE	-7065			CASHIER			EDUCATION Forces? No						
TEMS	15a, RESIDENCE - STATE 15	5b. COUNTY	15c. CIT	Y, TOWN OR LO	CATION	15d. STR	REET AND	AND NUMBER 15e. INSIDE CITY LIMITS (Specify Yes					
	<u>Nevada</u>	Douglas	į	Minden	-	1543	Deser	et Dr			The same of the sa	or No)	Yes
PARENTS	16. FATHER/PARENT - NAME (F	irst Middle Last Suff	ix)			OTHER/P			t Middle	Last Suf	ffix)	٧.	
FARENTS		Louis VEDOV	Α			-	State of the latest state	Beck	y DAU	BENM	IRE	74	
[] 3	18a. INFORMANT- NAME (Type o	•	186	. MAILING ADD	RESS (S	Street or R.	F.D. No, Cit	ty or Town,	State, Zip)			1	
is I	·	n SCHWEIGERT				1543 D	eseret D	r Minde	n, Nevad	la 8942	23		\
SPOSITION	19a, BURIAL, CREMATION, REM		/) 19b. CEMETE						19c, LOC	ATION	City or T	own Sta	ate
iarosinon ii	Crematio			Walton'	s Sierra (	Cremato	ry	1		Carson	City No	evada 89	706
i i	20a. FUNERAL DIRECTOR - SIGN	NATURE (Or Person Ac N THOMAS	ting as Such)	20b. FUNERAL		20c. NAM							
ĺĝ.		<del>-</del> -		LICENSE NUM FD86		<b>N</b> .			Funera				
RADE CALL	1321 Gluich Stieet Galdnerville NV 89410												
TADE OVER	Z Ota Zatha had danida		at the time, date	and place and di	7	20- 0-45-1	4	1					
5.7 5.3		nature & Title)	IGNATURE AU	THENTICATE	n   0 "	at the time, d	basis of exam late and plac	mination and ce and due t	t/or investig the cause/	ation, in m s) stated.	1yopinion ( Signature)	death occurr	ed
13 13 13	JEFFREY BASA MD												
CERTIFIER	22c. HOUR OF DEATH 22c. HOUR OF						DEATH						
3 23 23 23	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER  22d. PRONOUNCED DEAD (Mo/Day/Yr)  22e. PRONOUNCED DEAD AT (Hour)							AT (Hour)					
	23a. NAME AND ADDRESS OF C	ERTIFIER (PHYSICIAN	, ATTENDING P	HYSICIAN, MED	ICAL EXAN	INER, OR	CORONE	R) (Type or	Print)	23	Bb. LICENS	SE NUMBEI	R
130	Dr. Jeffr	ey Basa MD 287	74 N. Carson	Street, Ste	200 Cars	on City, I	NV 8970	06	1			8079	
EGISTRAR	24a. REGISTRAR (Signature)		SATARIANO		(Mo/Day/Y	RECEIVE		440	24c. DE		_	_	LE DISEASE
5    2    2	25. IMMEDIATE CAUSE	SIGNATURE AU			1. 1.	' <sup>'</sup> Ma	arch 24, 2	2021		YES	<u> </u>	NO X	L ;
CAUSE OF	PART (a) Malignant	. 1. 1.		FOR (a), (b), A	ND (c).)					į	Interval b	etween ons	et and death
CONDITIONS IF	DUE TO, OR AS A CONSEQUENCE OF:  (b) Uterine Cancer												
ANY WHICH GAVE RISE TO IMMEDIATE CAUSE		A CONSEQUENCE OF		<del> </del>	$\rightarrow$	-/-				- :	Interval b	etween ons	set and death
STATING THE >	(0)	A CONSEQUENCE OF	The state of the s			_/				<u>.</u>			
CAUSE LAST		-	The state of the s	-	and the same of th	/				:	interval i	oetween ons	set ard death
i	(d) PART II OTHER SIGNIFICANT C	ONDITIONS Condition	s contributing to a	looth but not	diam's C					i		<del>,</del>	
7 S 2 o 5 ·		ONDITIONO CONGRESON	a contributing to t	realit but flot les	uiting in the	underlying	cause give	n in Part 1.		. AUTOP s or No)	SY (Speci No	27. WAS CA REFERRED (Specify Yes	SE TO CORONER s or No)
	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (MC	J/Day/Yr) 2	8c, HOUR OF INJU	RY 28d.	DESCRIBE H	YRULM WOF	OCCURRED	,		-140	L	INO
76.00 10.00	"	ſ	N										
]3¢ i5 i	28e. INJURY AT WORK (Specify	28f. PLACE OF INJUR	V- At homo for-	stroot factor:	office of	LOCATIO		DEET AT					
		ouilding, etc. (Specify)	Ar HOMO, 18111,	, sireer, raciory, c	unce   28g.	LOCATIO	n SI	REET OR	K.F.D. No.	CITY	OR TOW	/N	STATE
et 👠	1												





CERTIFIED COPY OF VITAL RECORDS

STATE REGISTRAR

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:

4/1/2021

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

