

APN: 1320-30-112-015

RECORDING REQUESTED BY AND RETURN TO:

Schulze Law Group
140 West Huffaker Lane, Suite 510
Reno, NV 89511

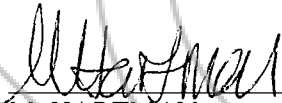
SEND ALL TAX STATEMENTS TO:

Paula Lee Schneider
1767 Heather Circle
Minden, NV 89423

AFFIDAVIT RE DEATH OF JOINT TENANT

Please complete Affirmation Statement below:

- I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons (Per NRS 239B.030)
- I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law: NRS 440.380(1)(a)
(State specific law)



M. HARTMAN

APN: 1320-30-112-015

RECORDING REQUESTED BY AND RETURN TO:

Schulze Law Group
140 West Huffaker Lane, Suite 510
Reno, NV 89511
TEL: 775-853-5700

SEND ALL TAX STATEMENTS TO:

Paula Lee Schneider
1767 Heather Circle
Minden, NV 89423

AFFIDAVIT RE DEATH OF JOINT TENANT

The undersigned, **Paula Lee Schneider** of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That **Lawrence Edward Schneider** having become deceased on **January 8, 2023** pursuant to the certified copy of the Certificate of Death, attached hereto, is the same person as **Lawrence Edward Schneider** named as one of the parties in that certain **Grant, Bargain, Sale Deed** and further ordering ownership of **that certain real property described in Exhibit "A"** be held by **Paula Lee Schneider and Lawrence Edward Schneider, as Joint Tenants**, recorded on **September 28, 2004**, as Recorded Document No. **0625290** of Official Records of the **Douglas County Recorder's Office, Douglas County, State of Nevada**.
2. The real property subject hereof is located at **1767 Heather Circle, Minden, NV 89423**, and is legally described as follows:

**SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE
MADE A PART HEREOF.**

3. That the undersigned affiant, **Paula Lee Schneider** is the spouse of the named decedent.

DATED this 30th day of August 2023

Paula L. Schneider
Paula Lee Schneider

STATE OF NEVADA }
 } SS:
COUNTY OF WASHOE }

This instrument was acknowledged before me, this 30th day of August 2023 by Paula Lee Schneider

WITNESS my hand and official seal

M. Hartman
Notary Public
My Commission Expires: 12/26/2025

NOTARY STAMP/SEAL

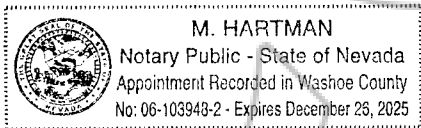


EXHIBIT "A"
LEGAL DESCRIPTION

The Land referred to herein is situated in the State of Nevada, County of Douglas described as follows:

Unit 15, as set forth on the Final Map of WESTWOOD PARK NO. III, a Planned Unit Development, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on November 29, 1989, in Book 1189, in Page 3658, as Document No. 215633.

Assessor's Parcel No. 1320-30-112-015

TOGETHER WITH an undivided 1/18th interest in and to the common area lying within the interior lines as set forth on Final Map of WESTWOOD PARK NO. III, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on November 29, 1989, in Book 1189, in Page 3658, as Document No. 215633.

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.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4327360 **CERTIFICATE OF DEATH** 2023000270
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) Lawrence Edward SCHNEIDER		2. DATE OF DEATH (Mo/Day/Year) January 08, 2023		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Valley Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Emergency Room / Outpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 76		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
7d. UNDER 1 DAY MIN		8. DATE OF BIRTH (Mo/Day/Yr) April 04, 1946		9a. STATE OF BIRTH (If not US/CA, name country) Tennessee	
9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18		11. MARITAL STATUS (Specify) Married	
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Paula Lee WEATHERS		13. SOCIAL SECURITY NUMBER 9258		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) MINISTER	
14b. KIND OF BUSINESS OR INDUSTRY THEOLOGIAN		15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN OR LOCATION Minden		15d. STREET AND NUMBER 1767 Heather Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) John Francis SCHNEIDER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Betty Jane HENDRIX		
18a. INFORMANT- NAME (Type or Print) Paula Lee SCHNEIDER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1767 Heather Circle Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) NORMA M FINKES SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD967		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmerelda Place Minden NV 89423	
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) ROSE E PAIVA MD SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) January 11, 2023		21c. HOUR OF DEATH 11:06	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. DATE SIGNED (Mo/Day/Yr)		22b. HOUR OF DEATH	
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Rose E Paiva, MD 1649 Lucerne St Minden, NV 89423				23b. LICENSE NUMBER 9005	
24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 11, 2023		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).)				Interval between onset and death	
PART I (a) Gastrointestinal Hemorrhage				1 Hour	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Gastrointestinal Malignancy				6 Months	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) No	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
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	

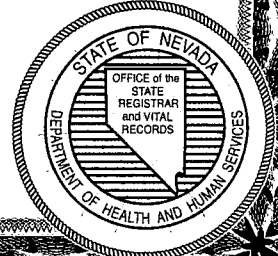


CERTIFIED COPY OF VITAL RECORDS

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: **1/13/2023**

Scott Spangler
STATE REGISTRAR



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE