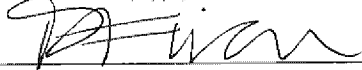


This document includes a certified death certificate as required by NRS 40.525 (5) which contains a social security number as required by NRS 440.380(1)(a).



Anderson, Dorn & Rader, Ltd.

APN: 21-043-040

RECORDING REQUESTED BY:

Bryce L. Rader, Esq.
Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway, Suite 860
Reno, Nevada 89521

WHEN RECORDED MAIL TO:

Anderson, Dorn & Rader, Ltd.
500 Damonte Ranch Parkway #860
Reno, Nevada 89521

MAIL TAX STATEMENTS TO:

DOROTHY J. MAINBERGER
2963 Santa Maria Street
Minden, NV 89423

AFFIDAVIT OF DEATH OF JOINT TENANT

I, DOROTHY J. MAINBERGER, the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) That by Deed dated March 18, 1997, a joint tenancy was created between DOROTHY J. MAINBERGER and WALTER E. MAINBERGER, husband and wife, as joint tenants, recorded as document number 0409004 on March 24, 1997, in the Official Records of Douglas County, Nevada.
- (2) That WALTER E. MAINBERGER deceased on January 27, 2023, in the City of Minden, Douglas County, Nevada. A certified copy of the death certificate is attached hereto.
- (3) That I am the sole surviving joint tenant of WALTER E. MAINBERGER.

(4) That the property subject to joint tenancy is described in Exhibit "A" attached.

Executed on May 18, 2023, at Reno, Nevada.

Dorothy J. Mainberger
DOROTHY J. MAINBERGER

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

Signed and sworn to (or affirmed) before me on May 18, 2023, by DOROTHY J. MAINBERGER.

Sara-Lee Oliver
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. 4331394

CERTIFICATE OF DEATH

2023001866
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

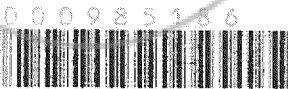
CERTIFIER

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) Walter Eugene MAINBERGER | | 2. DATE OF DEATH (Mo/Day/Year) January 27, 2023 | | 3a. COUNTY OF DEATH Douglas | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Minden | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street ar number) 2963 Santa Maria Street | | 3a. 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) 88 | | 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MINS | |
| 8. DATE OF BIRTH (Mo/Day/Yr) January 13, 1935 | | 9a. STATE OF BIRTH (If not US/CA, name country) New York | | 9b. CITIZEN OF WHAT COUNTRY United States | |
| 10. EDUCATION 12 | | 11. MARITAL STATUS (Specify) Married | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Dorothy J MOORE | |
| 13. SOCIAL SECURITY NUMBER 7824 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) ELECTRICIAN | | 14b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Minden | |
| 15d. STREET AND NUMBER 2963 Santa Maria Street | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | Ever in US Armed Forces? No | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Max MAINBERGER | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Emily MERZ | | |
| 18a. INFORMANT - NAME (Type or Print) Dorothy J MAINBERGER | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2963 Santa Maria Street 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) PHILIP R MAYFIELD SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD887 | | 20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502 | |
| 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) ADAM WINDSOR 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) ADAM WINDSOR SIGNATURE AUTHENTICATED | | |
| 21b. DATE SIGNED (Mo/Day/Yr) March 03, 2023 | | 21c. HOUR OF DEATH 15:21 | | 22b. DATE SIGNED (Mo/Day/Yr) March 03, 2023 | |
| 22c. HOUR OF DEATH 15:21 | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) January 27, 2023 | | 22e. PRONOUNCED DEAD AT (Hour) 15:21 | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Adam Windsor P O Box 218 Minden, NV 89423 | | | |
| 23b. LICENSE NUMBER 446 | | 24a. REGISTRAR (Signature) MARLI MORAIGNE REINHEIMER SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 03, 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).) PART I (a) Gunshot Wound Of The Head DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____ | | | |
| 26. AUTOPSY (Specify Yes or No) Yes | | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes | | | |
| 28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) Suicide | | 28b. DATE OF INJURY (Mo/Day/Yr) January 27, 2023 | | 28c. HOUR OF INJURY 1521 | |
| 28d. DESCRIBE HOW INJURY OCCURRED Self inflicted Gunshot To Head | | | | | |
| 28e. INJURY AT WORK (Specify Yes or No) No | | 28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Residence | | 28g. LOCATION STREET OR R.F.D. No, CITY OR TOWN STATE 2963 Santa Maria Drive Minden Nevada | |



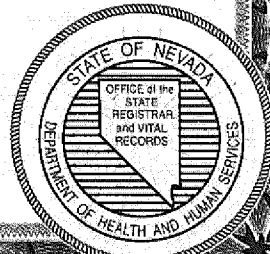
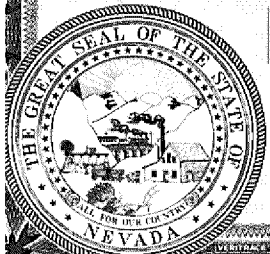
CERTIFIED COPY OF VITAL RECORDS

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.

Adam Windsor
STATE REGISTRAR

DATE ISSUED: **3/13/2023**

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit "A"

Legal Description:

THE LAND REFERRED TO HEREIN IS SITUATED IN THE STATE OF NEVADA,
COUNTY OF DOUGLAS, DESCRIBED AS FOLLOWS:

LOT 42, BLOCK D, AS SET FORTH ON THE OFFICIAL PLAT OF MISSION HOT
SPRINGS, UNIT NO. 1, FILED IN THE OFFICE OF THE RECORDER OF DOUGLAS
COUNTY, NEVADA, ON JULY 1, 1987, BOOK 787, PAGE 001, DOCUMENT NO. 157492,
AND CERTIFICATE OF AMENDMENT RECORDED OCTOBER 19, 1990, BOOK 1090,
PAGE 2956, DOCUMENT NO. 237003, OF OFFICIAL RECORDS.

APN: 21-043-040

Property Address: 2963 Santa Maria Street, Minden, Nevada 89423

