

A.P.N. No.:	1320-33-816-015
File No.:	
Recording Requested By:	
When Recorded Mail To:	
Jeanne Fiolka	
1419 Sterling Lane	
Gardnerville, NV 89410	



SHAWNYNE GARREN, RECORDER

(for recorders use only)

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 not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

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: NRS 440.380(1)(A) and NRS 40.525(5)

Jeanne Fiolka
Signature

Surviving Joint Tenant
Title

Jeanne Fiolka
Print Signature

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

A.P.N. No.:	1320-33-816-015
File No.:	
Recording Requested By:	
Mail Tax Statements To:	<i>Same as below</i>
When Recorded Mail To:	
Jeanne Fiolka	
1419 Sterling Lane	
Gardnerville, NV 89410	

AFFIDAVIT - DEATH OF JOINT TENANT

State of Nevada)
) ss
 County of Carson City)

Jeanne Fiolka, of legal age, being first duly sworn, deposes and says: That Siegfried Wilhelm Fiolka, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Siegfried Fiolka named as one of the parties in that certain Grant, Bargain, and Sale Deed dated 07/24/2020 executed by Stephen Walsh, Douglas County Public Administrator of The Estate of David Douglas Campbell, pursuant to Order Approving Verified Petition for Confirmation of Sale of Real Property and Payment of Costs, filed in the Ninth Judicial District Court of the State of Nevada in and for the County of Douglas on July 6, 2020, under Case no. 2020-PB-00022, recorded concurrently herewith, as to an undivided 53.7% interest and Michelle Knodel, a single woman as her sole and separate property as to an undivided 46.3% interest to Siegfried Fiolka and Jeanne Fiolka, husband and wife as joint tenants with right of survivorship, recorded as Document No. 2020-950502 on August 7, 2020 of Official Records of Washoe County Nevada, covering the following described property situated in Washoe County, State of Nevada.

See Exhibit "A" attached hereto and made a part hereof.

Dated: August 9, 2023 (MB)

Jeanne Fiolka
Jeanne Fiolka

State of Nevada)
) ss
County of Douglas)

This instrument was acknowledged before me on the 9th day of August, 2023
By: Jeanne Fiolka.

Signature: M Bowlen
Notary Public
M. Bowlen

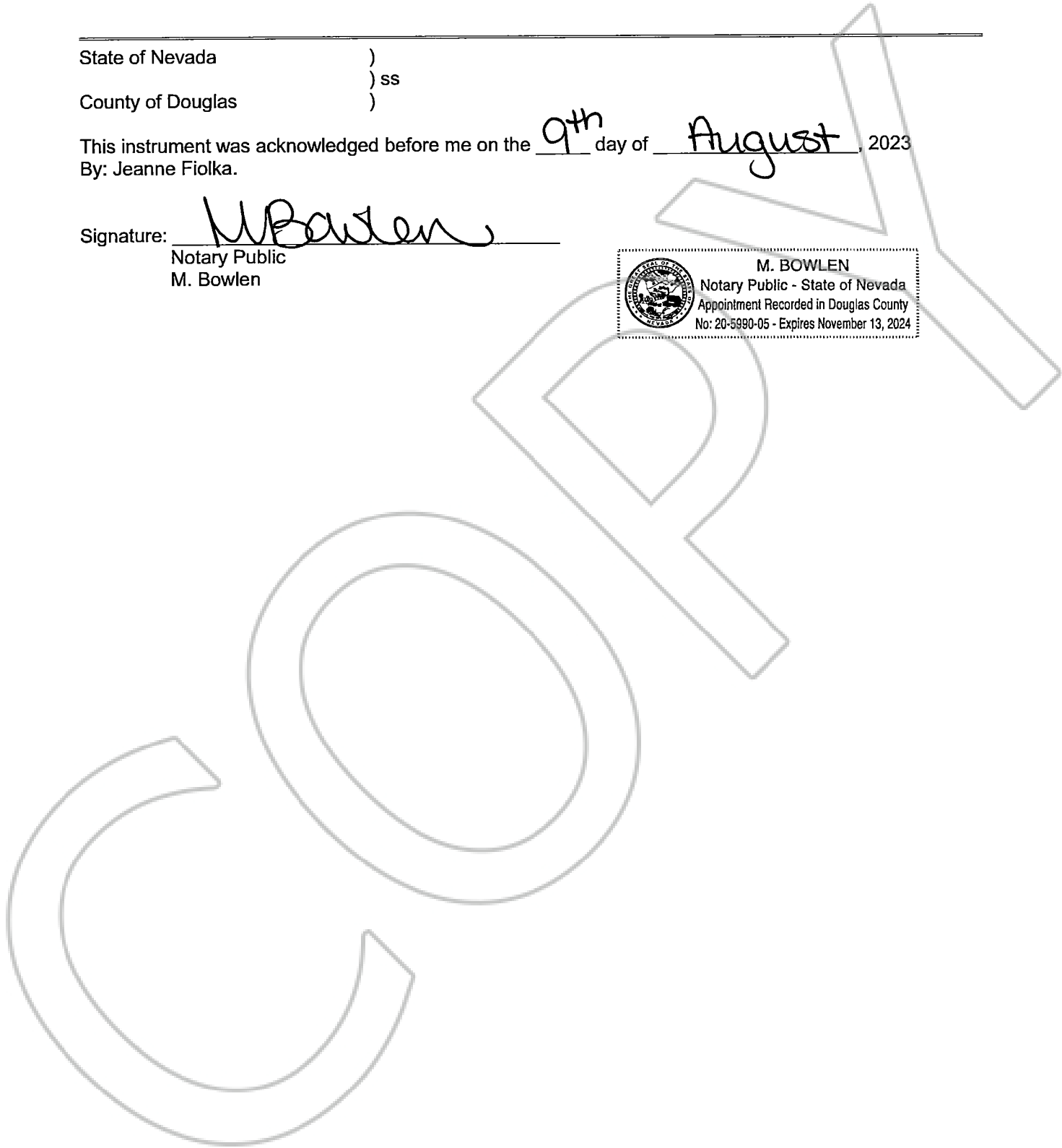
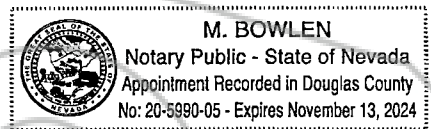
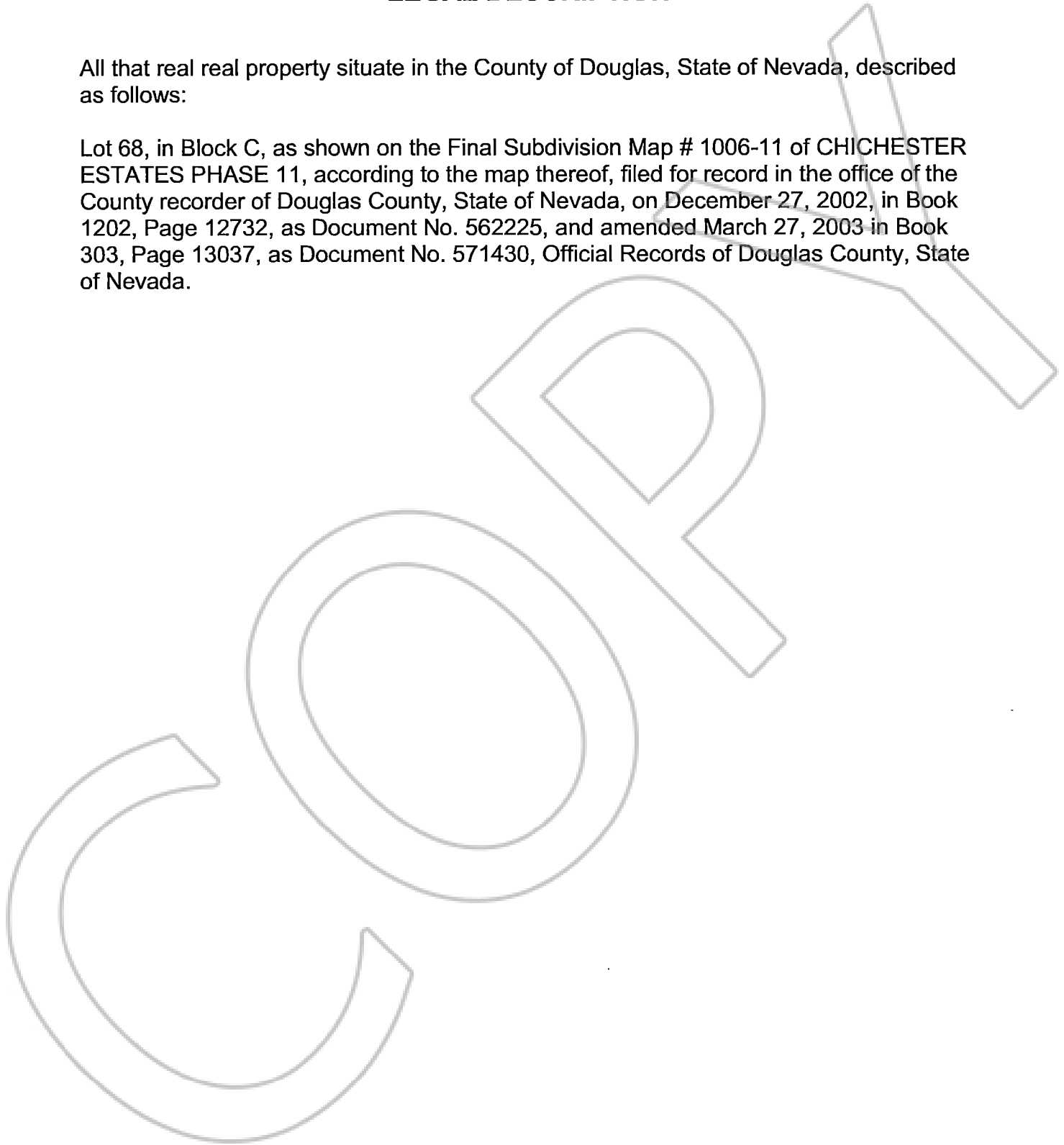


EXHIBIT "A"
LEGAL DESCRIPTION

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

Lot 68, in Block C, as shown on the Final Subdivision Map # 1006-11 of CHICHESTER ESTATES PHASE 11, according to the map thereof, filed for record in the office of the County recorder of Douglas County, State of Nevada, on December 27, 2002, in Book 1202, Page 12732, as Document No. 562225, and amended March 27, 2003 in Book 303, Page 13037, as Document No. 571430, Official Records of Douglas County, State of Nevada.



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 432051

CERTIFICATE OF DEATH

2023012018
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Siegfried Wilhelm FIOLOKA		2. DATE OF DEATH (Mo/Day/Year) May 28, 2023		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 number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	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	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) March 29, 1935		9a. STATE OF BIRTH (If not US/CA, name country) Germany		9b. CITIZEN OF WHAT COUNTRY Germany	
	10. EDUCATION 14		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Jeanne BRIGHT	
PARENTS	13. SOCIAL SECURITY NUMBER ██████████1662		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Business Administrator		14b. KIND OF BUSINESS OR INDUSTRY Automotive	
	15a. RESIDENCE - STATE Nevada		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1419 Sterling Lane	
DISPOSITION	16 FATHER/PARENT - NAME (First Middle Last Suffix) Theo FIOLOKA		17 MOTHER/PARENT - NAME (First Middle Last Suffix) Elizabeth TIGAWORTH			
	18a. INFORMANT- NAME (Type or Print) Jeanne FIOLOKA		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1419 Sterling Lane Gardnerville, Nevada 89410			
TRADE CALL	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) MERCEDES Q QUARTUCCI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD983		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5890 S Virginia St. Suite 4-E Reno NV 89502	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) CRAIG RAU MD 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)			
	21b. DATE SIGNED (Mo/Day/Yr) June 02, 2023		21c. HOUR OF DEATH 08:25		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Joshua J Moore DO		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Craig Rau MD 1600 Medical Parkway Carson City, NV 89703		23b. LICENSE NUMBER 10991		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	24a. REGISTRAR (Signature) MARLI MORAIGNE REINHEIMER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 02, 2023		24c. DEATH DUE TO COMMUNICABLE DISEASE	
	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I		Interval between onset and death			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) Acute Cardiorespiratory Failure		Interval between onset and death			
	DUE TO, OR AS A CONSEQUENCE OF: (b) Acute Systolic Congestive Heart Failure		Interval between onset and death			
	DUE TO, OR AS A CONSEQUENCE OF: (c) Suspected Pneumonia		Interval between onset and death			
	DUE TO, OR AS A CONSEQUENCE OF: (d) Chronic Atrial Fibrillation		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. Coronary Artery Disease; Unknown Etiology		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		
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			
29e. 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.

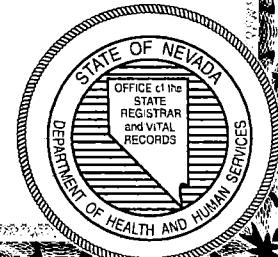
6/5/2023

DATE ISSUED:

Cody P. Murray

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