

RECORDING REQUESTED BY
Old Republic Title Company
Escrow No.: 2132016593-
APN: 1318-10-413-012

WHEN RECORDED MAIL TO

Name Frederick W Kaufmann
Street PO Box 10741
Address Zephyr Cove, Nv 89448
City
State
Zip

DOUGLAS COUNTY, NV **2023-999618**
Rec:\$40.00
\$40.00 Pgs=3 08/17/2023 01:01 PM
CA - OLD REPUBLIC TITLE COMPANY
SHAWNYNE GARREN, RECORDER

SPACE ABOVE THIS LINE IS FOR RECORDER'S USE

AFFIDAVIT – DEATH OF JOINT TENANT

Frederick W. Kaufmann, of legal age, being first duly sworn, deposes and says:
That Betty Austen Kaufmann, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Betty A. Kaufmann named as one of the parties in that certain Grant, Bargain and Sale Deed dated July 22, 2022, executed by Betty A. Kaufmann, a married woman as her sole and separate property to Frederick W. Kaufmann and Betty A. Kaufmann, husband and wife as joint tenants with rights of survivorship, and recorded on July 27, 2022, as Series Number 2022-987901 of Official Records of Douglas County, Nevada, covering the following described property situated in said County, State of Nevada:

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

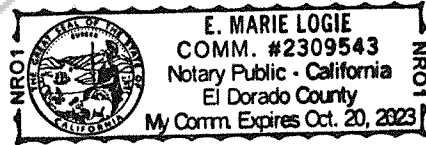
Frederick W. Kaufmann
Frederick W. Kaufmann

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of El Dorado

Subscribed and sworn to (or affirmed) before me on this 9th day of August, 2023, by Frederick W. Kaufmann, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature E. Marie Logie
Name E. Marie Logie
(Typed or Printed)



(This area for official notarial seal)

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4330783

CERTIFICATE OF DEATH

2023001716
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) Betty Austen KAUFMANN		2. DATE OF DEATH (Mo/Day/Year) January 25, 2023		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Zephyr Cove		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 636 N Martin Dr		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 75	
9a. STATE OF BIRTH (If not US/CA, name country) Maryland		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
13. SOCIAL SECURITY NUMBER 6068		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15d. STREET AND NUMBER 636 N Martin Dr	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Harry JESSOP			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Julia LAMOTTE		
18a. INFORMANT - NAME (Type or Print) Frederick William KAUFMANN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 10741 Zephyr Cove, Nevada 89448			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN THOMAS		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
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) REED DOPP 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) January 26, 2023		21c. HOUR OF DEATH 16:56		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22c. HOUR OF DEATH		
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		
21f. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22e. PRONOUNCED DEAD AT (Hour)		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Reed Dopf MD 907 Mountain Street Carson City, NV 89703				23b. LICENSE NUMBER 13920	
24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 30, 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				Interval between onset and death	
(a) Respiratory Arrest					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Acute Respiratory Failure					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Malignant, Metastatic Pancreatic Adenocarcinoma					
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 1.				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	
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

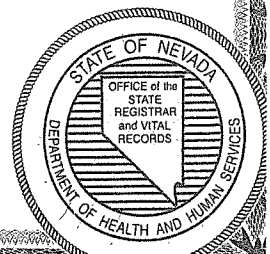
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **2/1/2023**

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

**Exhibit "A"
Legal Description**

The Land is described as follows:

Lot 92, of Zephyr Knolls Subdivision, Phase 4, according to the map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on October 14th, 1957, as Document No. 12699.

Assessors Parcel No.: 1318-10-413-012

