

APN: 1022-11-002-056



SHAWNYNE GARREN, RECORDER

Recording Requested By/Return To:
HERITAGE LAW
1625 Highway 88, Suite 304
Minden, NV 89423

Mail Future Tax Statements To:
DELLA SUE LANDES
4100 Mountain Vista Drive
Wellington, NV 89444

The undersigned hereby affirms that this document submitted for recording DOES contain personal information as required by law: NRS 440.380(1)(A) and NRS 40.525(5)

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

DELLA SUE LANDES, being of legal age, and being of sound mind and body, hereby swears (or affirms) under penalty of perjury, that the following is true of her own personal knowledge:

That LOTHAR ERNEST LANDES, the Decedent mentioned in the certified copy of Certificate of Death issued by the State of Nevada attached hereto as **Exhibit 1** and incorporated herein by reference, is the same person as LOTHAR E. LANDES, named in that certain *Grant, Bargain, Sale Deed* recorded on August 1, 2012, as Document No. 806848 of Official Records of Douglas County, State of Nevada, which Grantees took title as husband and wife, as joint tenants, and which *Grant, Bargain, Sale Deed* pertains to property situated at 4100 Mountain Vista Drive, Wellington, Douglas County, Nevada, APN: 1022-11-002-056, and more precisely described as:

SEE LEGAL DESCRIPTION ATTACHED HERETO AS EXHIBIT "A"

Pursuant to NRS 111.312, the above legal description was previously recorded in that certain *Grant, Bargain, Sale Deed* recorded as Document No. 806848 of Official Records of Douglas County, State of Nevada, on August 1, 2012.

This deed was prepared without the benefit of a title search and the description of the property was furnished by the party(ies). The preparer of this deed assumes no liability whatsoever either for the accuracy of the legal description or the status of the title to the property.

Please mail tax statements to the above address.

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.


Dated: January 17, 2024.

Della Sue Landes
DELLA SUE LANDES, Surviving Grantee and
Surviving Joint Tenant

STATE OF NEVADA)
 : ss.
COUNTY OF DOUGLAS)

On January 17, 2024, before me, a Notary Public, personally appeared DELLA SUE LANDES, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument and acknowledged that she executed it.

Michelle Andra Gibbons
Notary Public

 MICHELLE ANDRA GIBBONS
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 21-1975-05 - Expires January 4, 2025

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**EXHIBIT "A"
LEGAL DESCRIPTION**

LOT 15 OF TOPAZ RANCH ESTATES UNIT NO. 1, ACCORDING TO THE MAP THEREOF,
FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE
OF NEVADA ON DECEMBER 4, 1993, FILE NO. 23962.

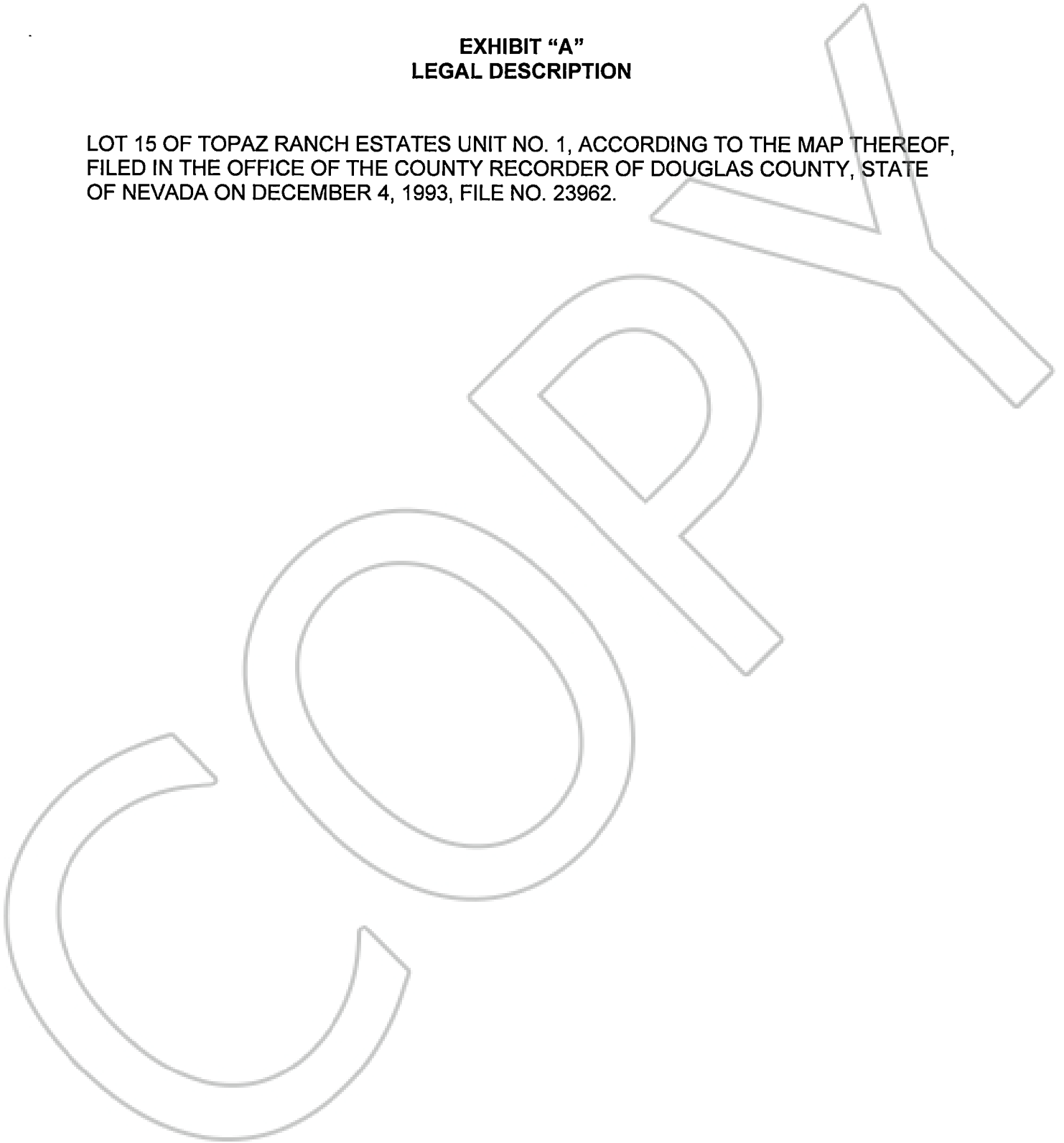




EXHIBIT 1

APN: 1022-11-002-056

*Certified Copy of Certificate of Death, State of Nevada,
LOTHAR ERNEST LANDES, Deceased*

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4381261

CERTIFICATE OF DEATH

2023025712
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) Lothar Ernest LANDES		2. DATE OF DEATH (Mo/Day/Year) November 14, 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 Health Hospital		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
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) June 01, 1947		9a. STATE OF BIRTH (If not US/CA, name country) Germany	
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) Della Sue MIZELL		13. SOCIAL SECURITY NUMBER -9282		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Meter Reader	
14b. KIND OF BUSINESS OR INDUSTRY Utilities		15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN OR LOCATION Wellington		15d. STREET AND NUMBER 4100 Mountain Vista Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Sherman Frederick LANDES			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Martha Elisabeth ROHRIG		
18a. INFORMANT- NAME (Type or Print) Della Sue LANDES		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4100 Mountain Vista Drive Wellington, Nevada 89444			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DNENICE PORTILLO CARPENTER		20b. FUNERAL DIRECTOR LICENSE NUMBER FD872		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) IGNATIUS K KYEREMEH			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) IGNATIUS K KYEREMEH		
21b. DATE SIGNED (Mo/Day/Yr) December 17, 2023		21c. HOUR OF DEATH 12:55		22b. DATE SIGNED (Mo/Day/Yr) November 14, 2023	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 12:55		22d. PRONOUNCED DEAD (Mo/Day/Yr) November 14, 2023	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Ignatius K Kyeremeh 1038 Buckeye Rd Minden, NV 89423			
23b. LICENSE NUMBER		24a. REGISTRAR (Signature) WESLEY T STOREY			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 18, 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) DUE TO, OR AS A CONSEQUENCE OF:					
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) 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) November 14, 2023		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED Self-Inflicted Gunshot To The Head					
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Home		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 4100 Mountain Vista Drive, Wellington, Douglas, Nevada 89444	

AKA: Lothar Ernst LANDES



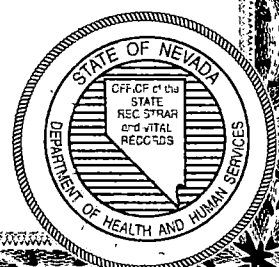
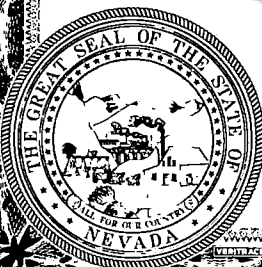
CERTIFIED COPY OF VITAL RECORDS

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: **12/26/2023**

Cody Storey
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