

APN# 1420-18-214-099

Recording Requested by/Mail to:

Name: MARK A. WINTER

Address: 801 N. DIVISION STREET

City/State/Zip: CARSON CITY, NV 89703

Mail Tax Statements to:

Name: KATHERINE M. ROSTEN

Address: 3340 SOMERSET WAY

City/State/Zip: CARSON CITY, NV 89705



SHAWNYNE GARREN, RECORDER

AFFIDAVIT OF DEATH OF JOINT TENANT

Title of Document (required)

Please complete the Affirmation Statement below:

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

- Affidavit of Death** – NRS 440.380 (1)(A) & NRS 40.525 (5) **Military Discharge** – NRS 419.020 (2)
 Other NRS _____ (state specific law)

-OR-

- I the undersigned hereby affirm the attached document, including any exhibits, hereby submitted
for recording does NOT contain the personal information of any person(s). (Per NRS 239B.030)

Signature

MARK A. WINTER

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

Recorded at the request of:

Mark A. Winter, Esq.
801 N. Division Street
Carson City, NV 89703

When recorded, mail to:

Mail tax statements to:

Katherine M. Rosten
3340 Somerset Way
Carson City, NV 89705

AFFIDAVIT OF DEATH OF JOINT TENANT

APN: 1420-18-214-099

STATE OF NEVADA)
): ss.
CARSON CITY)

Katherine M. Rosten, being first duly sworn, deposes and says:

1. Michael D. Rosten, died on October 29, 2023, in the state of Nevada, and that a certified copy of his Death Certificate is attached hereto.

2. That at the date of death, the said Michael D. Rosten was an owner with the affiant as joint tenants with rights of Survivorship of certain real property located in the County of Douglas, State of Nevada, described as:

SEE EXHIBIT "A" ATTACHED HERETO AND INCORPORATED HEREIN BY SAID REFERENCE

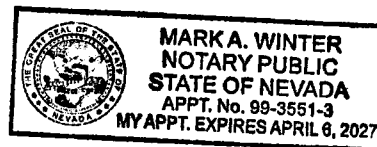
3. That said joint tenancy was created by a Deed recorded on April 4, 1997, as Document Number 1997-409970 in the Douglas County Recorder's Office.

4. That upon the death of Michael D. Rosten, the Affiant became the sole owner of the above-described property as her sole and separate property.

Dated March 27, 2024: Katherine M. Rosten
Katherine M. Rosten

SUBSCRIBED and SWORN to before me this 27th day of March, 2024, by Katherine M. Rosten, who signed this document before me.

M. A. Winter
NOTARY PUBLIC



Lot 103, Block F, as set forth on the plat 6 of SILVERADO HEIGHTS filed for record September 18, 1978, as Document No. 25326, Official Records of Douglas County, State of Nevada and as amended by Certificate of Amendment recorded October 12, 1979, as Document No. 37638, Official Records of Douglas County, State of Nevada.

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EXHIBIT "A"

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4378308

CERTIFICATE OF DEATH

2023024376
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Michael David ROSTEN		2. DATE OF DEATH (Mo/Day/Year) October 29, 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,OPI/Emer. Rm. Inpatient(Specify) Inpatient	
	4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
DECEDENT	7a. AGE-Last birthday (Years) 75		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
	8. DATE OF BIRTH (Mo/Day/Yr) December 03, 1947		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY UNITED STATES	
	10. EDUCATION 14		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Katherine Marie CARABETTA	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER ██████████6058		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Service Technician		14b. KIND OF BUSINESS OR INDUSTRY Elevators	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
	15d. STREET AND NUMBER 3340 Somerset Way		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) William ROSTEN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Eva THADEN		
	18a. INFORMANT- NAME (Type or Print) Katherine Marie ROSTEN			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3340 Somerset Way Carson City, Nevada 89705		
DISPOSITION	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) BETHANY J RASMUSSEN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD969		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Creations 1575 N Lompa Ln Carson City NV 89701	
TRADE CALL	TRADE CALL - NAME AND ADDRESS					
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) OLEG ODIN 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) November 09, 2023		21c. HOUR OF DEATH 18:46		22b. DATE SIGNED (Mo/Day/Yr)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Oleg Odin MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 23411	
	24a. REGISTRAR (Signature) ANNAH M HOWARD SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 09, 2023		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
	PART I (a) Acute Hypoxemic Respiratory Failure, Septic Shock				24 Hours	
	(b) DUE TO, OR AS A CONSEQUENCE OF: Staphylococcus Aureus Bacteremia, Pneumonia Of The Left Lung				Interval between onset and death Days	
(c) DUE TO, OR AS A CONSEQUENCE OF: Severe Neutropenia				Interval between onset and death 1 Week		
(d) DUE TO, OR AS A CONSEQUENCE OF: Metastatic Cancer Of Unknown Primary				Interval between onset and death Months To Years		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Cachexia					26. AUTOPSY (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		
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28d. DESCRIBE HOW INJURY OCCURRED		
28g. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN STATE		

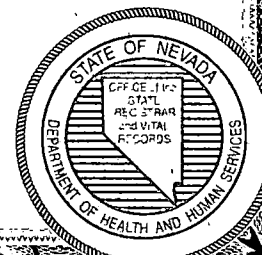
CERTIFIED COPY OF VITAL RECORDS

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: 11/9/2023

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

Cody D. Hines
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE