

APN# 1420-34-610-028

Recording Requested by/Mail to:

Name: FIRST AMERICAN TITLE

Address: 1663 US HWY 395 N STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: Michael Neuens

Address: 1572 Amber Rose Dr

City/State/Zip: Minden NV 89423

AFFIDAVIT TERMINATING JOINT TENANCY

**Title of Document** (required)

------(Only use if applicable)-----

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)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)



Signature

E. Tobias

Printed Name

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

A.P.N.: 1420-34-610-028  
File No: 143-2672334 (et)

When Recorded return to, and mail Tax Statements to:  
Michael T. Neuens

## AFFIDAVIT - TERMINATING JOINT TENANCY

**Michael T. Neuens**, of legal age, being first duly sworn, deposes and says:

That **Coletta M. Neuens**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Coletta M. Neuens** named as one of the parties in that certain **Grant Bargain and Sale Deed** dated **2/23/2022** executed by **Michael T. Neuens and Coletta M. Neuens** to **Michael T. Neuens and Coletta M. Neuens, husband and wife and Gina Haase, a married woman as her sole and separate property, as Joint Tenants** as joint tenants, recorded as Document No. **2022-981970** on **3/2/2022** in Book **n/a** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

**Lot 61 in Block 2, as set forth on the Final Subdivision Map Lda 01-069 for BRAMWELL HOMESTEAD, filed for record in the office of the Douglas County Recorder on August 12, 2002, in Book 802 of Official Records, at Page 3324, as Document No. 549307.**

Michael T. Neuens 4-8-24

Michael T. Neuens

Date

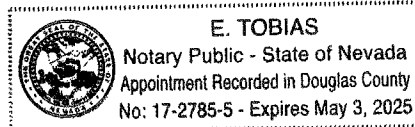
STATE OF **NEVADA** )  
 ) :ss.  
COUNTY OF **DOUGLAS** )

This instrument was acknowledged before me on this:  
8 day of April, 2024

By: **Michael T. Neuens**

By: [Signature] / Its: \_\_\_\_\_

Notary Public  
(My commission expires: 5/3/25 )



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4380603

**CERTIFICATE OF DEATH**

2023025005  
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) <b>Coletta Marie NEUENS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 10, 2023</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street ar number) <b>1572 Amber Rose Dr</b>		3e. If Hosp. or Inst: indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>82</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>October 23, 1941</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Illinois</b>			
9b. CITIZEN OF WHAT COUNTRY <b>UNITED STATES</b>		10. EDUCATION <b>18</b>		11. MARITAL STATUS (Specify) <b>Married</b>	
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Michael NEUENS</b>		13. SOCIAL SECURITY NUMBER <b>5151</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Chief Executive Officer</b>	
14b. KIND OF BUSINESS OR INDUSTRY <b>Hospital</b>		15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>	
15c. CITY, TOWN OR LOCATION <b>Minden</b>		15d. STREET AND NUMBER <b>1572 Amber Rose Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Michael BURKE</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Margaret KENNY</b>		
18a. INFORMANT- NAME (Type or Print) <b>Michael NEUENS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1572 Amber Rose Dr Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden Nevada 89423</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>NADIA NINA SANDOVAL</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD1007</b>		20c. NAME AND ADDRESS OF FACILITY <b>Eastside Memorial Park Funerals &amp; Cremations</b> 1600 Buckeye Rd Minden NV 89423	
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) <b>NITA SCHWARTZ MD</b> 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) <b>November 14, 2023</b>		21c. HOUR OF DEATH <b>13:20</b>		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)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Nita Schwartz MD 710 W Washington Street Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>9114</b>	
24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 16, 2023</b>		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) <b>Cerebral Atherosclerosis</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Essential Hypertension</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) _____				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) _____				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.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
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	

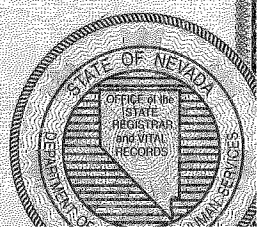


CERTIFIED COPY OF VITAL RECORDS

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: 11/27/2023

*Wesley T Storey*  
STATE REGISTRAR



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