

APN# 1420-07-611-043



SHAWNYNE GARREN, RECORDER

**Recording Requested by/Mail to:**

Name: Seta Beverly Singh-Ghan

Address: 5000 Old Clear Creek Road

City/State/Zip: Carson City NV 89705

**Mail Tax Statements to:**

Name: Seta Beverly Singh-Ghan

Address: 5000 Old Clear Creek Road

City/State/Zip: Carson City NV 89705

AFFIDAVIT TERMINATING JOINT TENANCY

**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

Janette Bloom, Attorney for Estate of Omattie Singh-Luedtke

Printed Name

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APN 1420-07-611-043

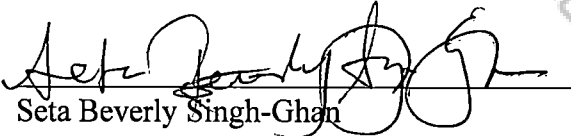
**WHEN RECORDED MAIL TO:**

Seta Beverly Singh-Ghan  
5000 Old Clear Creek Road  
Carson City, Nevada 89705

**MAIL TAX STATEMENTS TO:**

Seta Beverly Singh-Ghan  
5000 Old Clear Creek Road  
Carson City, Nevada 89705

I affirm that this document submitted for recording **DOES** contain the social security number of any person or persons. (Per NRS 440.380(1) and 40.525(5)).

  
\_\_\_\_\_  
Seta Beverly Singh-Ghan

**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF NEVADA                    )  
  ) ss.  
CARSON CITY                         )

SETA BEVERLY SINGH-GHAN, the sister of OMATTIE SINGH-LUEDTKE, does hereby swear under penalty of perjury that the assertions of this affidavit are true, and declares the following:

1. That OMATTIE SINGH-LUEDTKE died in Douglas County, Nevada, on January 8, 2024. A certified copy of the Death Certificate of OMATTIE SINGH-LUEDTKE is attached to this affidavit and incorporated herein by this reference.

2. That OMATTIE SINGH-LUEDTKE, an unmarried woman, and ERROL D. SINGH, an unmarried man, acquired title together as joint tenants in that certain Grant, Bargain and Sale

Deed recorded June 7, 2018, as Document No. 2018-915177, with the Office of the Recorder of Douglas County, Nevada. The legal description of the real property is as follows:

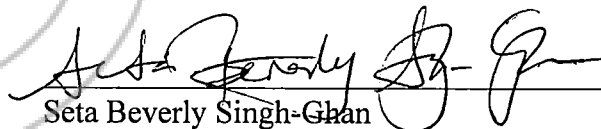
Lot 16 in Block C of the Final Map of SUNRIDGE HEIGHTS PHASE 2, a Planned unit Development filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 30, 1993, Book 993, Page 6482 as Document No. 319089.

TOGETHER with all tenements, hereditaments and appurtenances, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

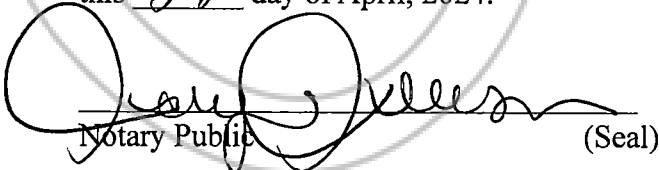
Commonly known as 3556 Shadow Lane, Carson City, Nevada 89705. APN 1420-07-611-043. Legal Description from deed recorded 06/07/2018, as Document No. 2018-915177.

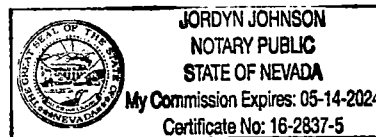
3. That at the time of the death of OMATTIE SINGH-LUEDTKE, title to the real property described herein continued to be held by OMATTIE SINGH-LUEDTKE, an unmarried woman, and ERROL D. SINGH, an unmarried man, as joint tenants. As a result of the death of OMATTIE SINGH-LUEDTKE and the joint tenancy form of title, the real property described herein is now owned by ERROL D. SINGH, an unmarried man.

DATED this 22 day of April, 2024.

  
Seta Beverly Singh-Ghan

SUBSCRIBED AND SWORN to before  
Me by SETA BEVERLY SINGH-GHAN  
this 27 day of April, 2024.

  
Notary Public (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. 4391272

**CERTIFICATE OF DEATH**

2024000366  
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>Oattie SINGH-LUEDTKE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 08, 2024</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street number) <b>854 Valley Vista Dr</b>		3e. If Hosp. or Inst. indicate DOA, OP/ Emer. Rm. Inpatient (Specify) <b>Home</b>	
5. RACE (Specify) <b>Asian Indian</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>62</b>	
7b. UNDER 1 YEAR MOS    DAYS		7c. UNDER 1 DAY HOURS    MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>November 09, 1961</b>	
9a. STATE OF BIRTH (if not US/CA, name country) <b>Trinidad And Tobago</b>		9b. CITIZEN OF WHAT COUNTRY <b>UNITED STATES</b>		10. EDUCATION <b>16</b>	
11. MARITAL STATUS (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER <b>6253</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Accounting Manager</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>City</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
15d. STREET AND NUMBER <b>854 Valley Vista Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Adgit Rampersad SINGH</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Moonie SINGH</b>		
18a. INFORMANT-NAME (Type or Print) <b>Seta Beverly SINGH-GHAN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>5000 Old Clear Creek Carson City, Nevada 89705</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>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD1007</b>		20c. NAME AND ADDRESS OF FACILITY <b>Eastside Memorial Park Funerals &amp; Cremations 1600 Buckeye Rd Minden NV 89423</b>	
21. 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>STEPHEN M GRAVES</b>			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) <b>STEPHEN M GRAVES</b>		
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH <b>12:47</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>January 08, 2024</b>	
22e. PRONOUNCED DEAD AT (Hour) <b>12:47</b>		23b. LICENSE NUMBER			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Coroner Stephen M Graves 1038 Buckeye Rd Minden, NV 89423</b>					
24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 08, 2024</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>Hypertrophic Cardiomyopathy</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:				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>Yes</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</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	

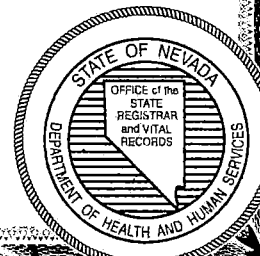
CERTIFIED COPY OF VITAL RECORDS

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.

*Wesley T Storey*  
STATE REGISTRAR

DATE ISSUED: 4/12/2024

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE