

APN: 1320-33-813-042
RECORDING REQUESTED BY:
JOEL W. LOCKE, ESQ.
ALLISON, MacKENZIE, LTD.
P.O. Box 646
Carson City, Nevada 89702



SHAWNYNE GARREN, RECORDER

MAIL TAX STATEMENTS TO:
Dorothy Sommerfeld
193 Castlewood Road
Tyrone, GA 30290

The party executing this document affirms that this document DOES contain a social security number as required by law per NRS 440.380(1)(a) and NRS 40.525 (5).

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF GEORGIA)
) : ss.
COUNTY OF Fayette)

DOROTHY SOMMERFELD, being first duly sworn, deposes and says:

1. That GARY SOMMERFELD and DOROTHY SOMMERFELD, acquired title as husband and wife as joint tenants with right of survivorship to a parcel of real property situated in Douglas County, State of Nevada, by that certain Grant, Bargain and Sale Deed recorded April 6, 2001, as Document Number 0511780, Official Records of Douglas County, State of Nevada. Said real property is more particularly described as follows:

Lot 58, Block D, as set forth on FINAL SUBDIVISION MAP No. 1006-5 for CHICHESTER ESTATES, PHASE 5, filed in the office of the County Recorder of Douglas County, Nevada and recorded April 9, 1999 in Book 499, Page 1900, as Document No. 465394.

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(Pursuant to NRS 111.312 this legal description was previously recorded on April 6, 2001, as Document Number 0511780 Official Records of Douglas County, Nevada.)

2. That GARY SOMMERFELD died on November 21, 2023. A certified Certificate of Death of GARY SOMMERFELD, is attached hereto.

3. That at the time of death of GARY SOMMERFELD, title to the above-referenced real property continued to be held by GARY SOMMERFELD and DOROTHY SOMMERFELD, husband and wife as joint tenants with right of survivorship.

4. That the undersigned, DOROTHY SOMMERFELD, is the surviving spouse of the decedent and the remaining named joint tenant.

5. That this affidavit is executed pursuant to NRS 111.365.

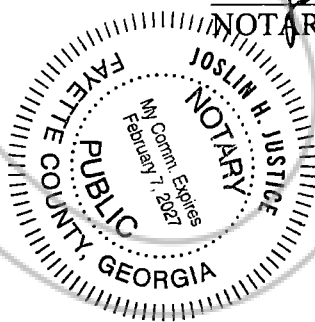
I certify under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Dated April 26, 2024.

Dorothy Sommerfeld
DOROTHY SOMMERFELD

On April 26, 2024, personally appeared before me, a notary public, DOROTHY SOMMERFELD, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that she executed the foregoing instrument.

Justin H Justice
NOTARY PUBLIC



GEORGIA DEATH CERTIFICATE

State File Number **2023GA000081758**

1. DECEDENT'S LEGAL FULL NAME (First, Middle, Last) GARY LEONARD SOMMERFELD		1a. IF FEMALE, ENTER LAST NAME AT BIRTH		2. SEX MALE	2a. DATE OF DEATH (Mo., Day, Year) ACTUAL DATE OF DEATH 11/21/2023	
3. SOCIAL SECURITY NUMBER -7562	4a. AGE (Years) 84	4b. UNDER 1 YEAR Mos.	4c. UNDER 1 DAY Days	Hours	5. DATE OF BIRTH (Mo., Day, Year) 11/03/1939	
6. BIRTHPLACE WYOMING		7a. RESIDENCE - STATE GEORGIA		7b. COUNTY FAYETTE		7c. CITY, TOWN TYRONE
7d. STREET AND NUMBER 193 CASTLEWOOD ROAD			7e. ZIP CODE 30290	7f. INSIDE CITY LIMITS? YES		8. ARMED FORCES? YES
8a. USUAL OCCUPATION MAINTENANCE INSPECTOR SUPERVISOR			8b. KIND OF INDUSTRY OR BUSINESS AIRLINES			
9. MARITAL STATUS MARRIED		10. SPOUSE NAME DOROTHY JEAN KOHANSKY			11. FATHER'S FULL NAME (First, Middle, Last) HERBERT CHRISTOPH CARL SOMMERFELD	
12. MOTHER'S MAIDEN NAME (First, Middle, Last) EMMA AMALIA BREITKREUTZ		13a. INFORMANT'S NAME (First, Middle, Last) DOROTHY JEAN SOMMERFELD			13b. RELATIONSHIP TO DECEDENT SPOUSE	
13c. MAILING ADDRESS 193 CASTLEWOOD ROAD TYRONE GEORGIA 30290				14. DECEDENT'S EDUCATION SOME COLLEGE CREDIT LEADING TO AN ASSOCIATE DEGREE		
15. ORIGIN OF DECEDENT (Spanish/Hispanic/Latino) NO, NOT SPANISH/HISPANIC/LATINO			16. DECEDENT'S RACE (White, Black, American Indian, etc.) (Specify) WHITE			
17a. IF DEATH OCCURRED IN HOSPITAL			17b. IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify) HOSPICE FACILITY			
18. HOSPITAL OR OTHER INSTITUTION NAME (If not in either give street and no.) SACRED JOURNEY HOSPICE			19. CITY, TOWN or LOCATION OF DEATH NEWNAN		20. COUNTY OF DEATH COWETA	
21. METHOD OF DISPOSITION (specify) CREMATION		22. PLACE OF DISPOSITION METRO CREMATORY 135A SENOIA ROAD PEACHTREE CITY GEORGIA 30269			23. DISPOSITION DATE (Mo., Day, Year) 11/27/2023	
24a. EMBALMER'S NAME		24b. EMBALMER LICENSE NO.		25. FUNERAL HOME NAME CARMICHAEL HEMPERLEY FH PEACHTREE CITY		
25a. FUNERAL HOME ADDRESS 135 SENOIA ROAD PEACHTREE CITY GEORGIA 30269						
26a. SIGNATURE OF FUNERAL DIRECTOR BILL S SLAUGHTER				26b. FUN. DIR. LICENSE NO 3481		AMENDMENTS
27. DATE PRONOUNCED DEAD (Mo., Day, Year) 11/21/2023		28. HOUR PRONOUNCED DEAD 02:00 PM				
29a. PRONOUNCER'S NAME SHEILA ANN HALL			29b. LICENSE NUMBER RN129230		29c. DATE SIGNED 11/21/2023	
30. TIME OF DEATH 02:00 PM			31. WAS CASE REFERRED TO MEDICAL EXAMINER NO			
32. Part I. Enter the chain of events-diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.					Approximate interval between onset and death	
IMMEDIATE CAUSE (Final disease or condition resulting in death)						
A. ALZHEIMER'S DISEASE Due to, or as a consequence of					UNKNOWN	
B. METABOLIC ENCEPHALOPATHY Due to, or as a consequence of					UNKNOWN	
C. COVID-19 Due to, or as a consequence of					UNKNOWN	
D.						
Part II. Enter significant conditions contributing to death but not related to cause given in Part 1A. If female, indicate if pregnant or birth occurred within 90 days of death.				33. WAS AUTOPSY PERFORMED? NO		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
35. TOBACCO USE CONTRIBUTED TO DEATH UNKNOWN		36. IF FEMALE (range 10-54) PREGNANT NOT APPLICABLE			37. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify) NATURAL	
38. DATE OF INJURY (Mo., Day, Year)		39. TIME OF INJURY	40. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)			41. INJURY AT WORK? (Yes or No)
42. LOCATION OF INJURY (Street, Apartment Number, City or Town, State, Zip, County)						
43. DESCRIBE HOW INJURY OCCURRED					44. IF TRANSPORTATION INJURY	
45. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. Medical Certifier (Name, Title, License No.) ANAND M SHAH, MD, 64461				46. 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. Medical Examiner/Coroner (Name, Title, License No.)		
45a. DATE SIGNED (Mo., Day, Year) 11/28/2023		45b. HOUR OF DEATH 02:00 PM		46a. DATE SIGNED (Mo., Day, Year)		46b. HOUR OF DEATH
47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ANAND M SHAH 35 COLLIER RIDGE ATLANTA GEORGIA 30909						
48. REGISTRAR (Signature) /S/ CHRISTOPHER JP HARRISON					49. DATE FILED - REGISTRAR (Mo., Day, Year) 11/29/2023	

COPY

THIS IS TO CERTIFY THAT THIS IS A TRUE REPRODUCTION OF THE ORIGINAL RECORD ON FILE WITH THE STATE OFFICE OF VITAL RECORDS, GEORGIA DEPARTMENT OF PUBLIC HEALTH. THIS CERTIFIED COPY IS ISSUED UNDER THE AUTHORITY OF CHAPTER 31-10, CODE OF GEORGIA AND 511-1-3 DPH RULES AND REGULATIONS.

Christophe J. Harrison

STATE REGISTRAR AND CUSTODIAN
GEORGIA STATE OFFICE OF VITAL RECORDS

COUNTY CUSTODIAN: *Ann S. Jackson*
ISSUED BY: *Lynn C. Heiden*

DATE ISSUED: _____ **NOV 29 2023**

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