APN: 5-170-16

When Recorded, Mail to:
Grant Morris Dodds
2520 St. Rose Pkwy, Suite 319
Henderson, NV 89074

Mail Tax Statements to:
William R. Ott
9880 Old Frederick Road
Ellicott City, MD 21042

EUREKA COUNTY, NV
Rec:$37.00
$37.00 Pgs=6
GRANT MORRIS DODDS, PLLC
KATHERINE J. BOWLING, CLERK RECORDER

2025-254489
04/29/2025 04:08 PM

AFFIDAVIT - TERMINATION OF JOINT TENANCY

WILLIAM R. OTT, of legal age, being first duly sworn, deposes and says:

That WILLIAM J. OTT and MARY M. OTT, the Decedents mentioned in the attached Certificates of Death, are the same people, named as two of the parties in that certain Deed dated June 13, 2001, vesting title in WILLIAM J. OTT and MARY M. OTT, husband and wife and WILLIAM R. OTT, a single man, as Joint Tenants with Rights of Survivorship, recorded on June 20, 2001, of Official Records of EUREKA County, State of NEVADA as instrument no. 176560, Book 341, Page 446-447 more particularly described as :

TOWNSHIP 30 NORTH, RANGE 48 EAST MDB&M

Section 1: NE ¼ SE ¼

SUBJECT TO: all exceptions, reservations, restrictions, restrictive covenants, assessments, easements, rights and rights or way of record.

TOGETHER WITH: any and all buildings and improvements situated thereon.

TOGETHER WITH: the tenements, hereditaments, and appurtenances thereunto belonging or pertaining, and the reversion and reversions, remainder and remainders, rents issues and profits thereof.

GRANTEE'S ADDRESS: 9880 Old Frederick Road
Ellicott City, MD 21042

Witness his hand this 22 day of April 2025.

WILLIAM R. OTT

STATE OF MARYLAND)
) ss.
COUNTY OF HOWARD)

On this 22 day of April 2025, before me the undersigned, a Notary Public in and for the said County of Howard, State of Maryland, personally appeared WILLIAM R. OTT, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

NOTARY PUBLIC

YO SUP BAK
NOTARY PUBLIC
HOWARD COUNTY
MARYLAND
My Commission Expires Aug. 20, 2028

DEATH CERTIFICATE OF WILLIAM J. OTT

VALID ONLY WITH IMPRESSED SEAL

DATE ISSUED: JUL 16 2007

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE COPY OF A RECORD ON FILE IN THE DIVISION OF VITAL RECORDS

Geneva D. Sparks
STATE REGISTRAR OF VITAL RECORDS

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

1- For State Registrar

Certificate of Death

Reg. No 2007 13203

1. Decedent's Name (First, Middle, Last): William J. Ott
2. Date of Death: Month June, Day 4, Year 2007
3. Time of Death: 1:25 PM
4a. Facility Name (If not institution, give street and number): Howard County General Hospital
4b. City, Town, or Location of Death: Columbia
4c. County of Death: Howard
5. Social Security Number: [redacted]
6. Sex: 1 ☒ M 2 ☐ F
7. Age (In yrs. last birthday): 77 Yrs.
If Under 1 Year: Months, Days
If Under 24 Hrs.: Hours, Min.
8. Date of Birth (Month, Day, Year): 3/6/1930
9. Birthplace (State or Foreign Country): Pennsylvania

Usual Residence of Decedent

10a. State: Md.
10b. County: Howard
10c. City, Town or Location: Ellicott City
10d. Inside City Limits: 1 ☐ Yes 2 ☒ No
10e. Street and Number: 9325 Millbrook Rd.
10f. Zip Code: 21042
10g. Citizen of What Country: USA

11. Marital Status: 1 ☐ Never Married 2 ☒ Married 3 ☐ Widowed 4 ☐ Divorced
12. Was Decedent Ever in U.S. Armed Forces? 1 ☒ Yes 2 ☐ No If Yes, Give Year or Dates: 1948-1950
13. Was Decedent of Hispanic Origin? (Specify Yes or No- If Yes, specify Cuban, Mexican, Puerto Rican, etc.): 1 ☐ Yes 2 ☒ No Specify:
14. Race - American Indian, Black, White, etc. Specify: White

15. Decedent's Education (Specify only highest grade completed): Elementary/Secondary (0-12): 12yrs; College (1-4or 5+):
16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired): Mechanical Design Engineer
16b. Kind of Business/Industry: Aerospace

17. Father's Name (First, Middle, Last): Joseph Wagner
18. Mother's Name (First, Middle, Maiden Surname): Marie Stone

19a. Informant's Name/Relationship (Type. Print): William R. Ott/son
19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code): 8393 Montgomery Run Rd.aptJ,Ellicott City,Md. 21043

20a. Method of Disposition: 1 ☐ Burial 2 ☒ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)
20b. Place of Disposition (Name of cemetery, crematory or other place): Metro Crematory Inc.
Date: 6/6/2007
20c. Location - City or Town, State: Catonsville,Md.

21. Signature of Funeral Service Licensee: Charles P. Amato M00845
22. Name and Address of Facility: Harry H.Witzke's Family F.H.Inc. 4112 Old Columbia Pike Ellicott City,Md. 21043

To Be Completed by Funeral Director

To Be Completed by Physician/Medical Examiner

23a. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

Approximate Interval Between Onset and Death

Immediate Cause (Final disease or condition resulting in death):
a. Acute Myocardial Infarction — 24hrs.

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last:
Due to (or as a consequence of):
b. Cardiomyopathy
Due to (or as a consequence of):
c. Sepsis
Due to (or as a consequence of):
d.

IF FEMALE:
23b. Was decedent pregnant in the past 12 months? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown
23c. If yes, outcome of pregnancy: 1 ☐ Live birth 2 ☐ Fetal death 3 ☐ Ectopic pregnancy 4 ☐ Pregnant at time of death 5 ☐ Other (specify) 9 ☐ Unknown
23d. Date of delivery: Month Day Year

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
Chronic Obstructive Airway Disease

23e. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☒ Unknown

24a. Was an autopsy performed? 1 ☐ Yes 2 ☒ No
24b. Were autopsy findings available prior to completion of cause of death? 1 ☐ Yes 2 ☒ No

25. Was case referred to medical examiner? 1 ☐ Yes 2 ☒ No
26. Place of Death (Check only one): Hospital: 1 ☒ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA; Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)

27. Manner of Death: 1 ☒ Natural 2 ☐ Accident 3 ☐ Suicide 4 ☐ Homicide 5 ☐ Pending Investigation 6 ☐ Could not be determined
28a. Date of Injury (Month, Day Year)
28b. Time of Injury M
28c. Injury at Work? 1 ☐ Yes 2 ☐ No
28d. Describe how injury occurred
28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)
28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one): 1 ☒ Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 ☐ Medical Examiner: 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) and manner stated.
29b. Signature and title of certifier: Kaiser Ahmad MD.
29c. License number: D0060345
29d. Date signed (Month, Day, Year): June 5, 2007

30. Name and address of person who completed cause of death (Item 23a) (Type, Print): Kaiser A. Ahmad 10724 Little Patuxent Parkway,Columbia,Md. 21044

State Registrar

31. Date filed (Month, Day, Year): JUN 6 2007
32. Registrar's Signature: Geneva D. Sparks

DEATH CERTIFICATE OF MARY M. OTT

VALID ONLY WITH IMPRESSED SEAL

DATE ISSUED:

JUL 16 2007

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE COPY OF A RECORD ON FILE IN THE DIVISION OF VITAL RECORDS

Geneva D. Sparks

STATE REGISTRAR OF VITAL RECORDS

Please Type or Print in Black Indelible Ink. Ensure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

1- For State Registrar

Certificate of Death

Reg. No.

To Be Completed by Funeral Director

1. Decedent's Name (First, Middle, Last)	2. Date of Death Month / Day / Year	3. Time of Death
Mary M. Ott	July 12 2007	5:50a M

4a. Facility Name (If not institution, give street and number)	4b. City, Town, or Location of Death	4c. County of Death
Summit Park Nursing Home	Catonsville	Baltimore

5. Social Security Number	6. Sex	7. Age (In yrs. last birthday)	If Under 1 Year: Months / Days	If Under 24 Hrs.: Hours / Min.	8. Date of Birth (Month, Day, Year)	9. Birthplace (State or Foreign Country)
[redacted]	1☐M 2☒F	77 Yrs.			June 19, 1930	Virginia

Usual Residence of Decedent

10a. State	10b. County	10c. City, Town or Location	10d. Inside City Limits
MD	Howard	Ellicott City	1☐Yes 2☒No

10e. Street and Number	10f. Zip Code	10g. Citizen of What Country?
9325 Millbrook Rd.	21042	USA

11. Marital Status	12. Was Decedent Ever in U.S. Armed Forces?	13. Was Decedent of Hispanic Origin? (Specify Yes or No- If Yes, specify Cuban, Mexican, Puerto Rican, etc.)	14. Race - American Indian, Black, White, etc.
1☐Never Married 2☐Married 3☒Widowed 4☐Divorced	1☐Yes 2☒No If Yes, Give Year or Dates:	1☐Yes 2☒No Specify:	Specify: White

15. Decedent's Education (Specify only highest grade completed)		16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)	16b. Kind of Business/Industry
Elementary/Secondary (0-12)	College (1-4or 5+)		
12		Mechanical Design Engineer	Aerospace

17. Father's Name (First, Middle, Last)	18. Mother's Name (First, Middle, Maiden Surname)
Floyd Welch	Nellie Puckett

19a. Informant's Name/Relationship (Type, Print)	19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)
William R. Ott/Son	8393 Montgomery Run Rd Apt J Ellicott City, MD 21043

20a. Method of Disposition	20b. Place of Disposition (Name of cemetery, crematory or other place)	Date	20c. Location - City or Town, State
1☐Burial 2☒Cremation 3☐Removal from State 4☐Donation 5☐Other (Specify)	Metro Crematory	7-14-2007	Catonsville, MD

21. Signature of Funeral Service Licensee	M01442	22. Name and Address of Facility
▶ Vernia L. Padden		Harry H. Witzke's Family FH, Inc. 4112 Old Columbia Pk. Ellicott City, MD 21043

Medical Certification; To Be Completed by Physician/Medical Examiner

23a. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

Approximate Interval Between Onset and Death

Immediate Cause (Final disease or condition resulting in death)

a. BRAIN TUMOR

Due to (or as a consequence of):

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last

b. SEIZURE DISORDER

Due to (or as a consequence of):

c.

Due to (or as a consequence of):

d.

IF FEMALE: 23b. Was decedent pregnant in the past 12 months? 1☐Yes 2☒No 9☐Unknown	23c. If yes, outcome of pregnancy 1☐Live birth 2☐Fetal death 3☐Ectopic pregnancy 4☐Pregnant at time of death 5☐Other (specify) 9☐Unknown	23d. Date of delivery Month / Day / Year

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23e. Did tobacco use contribute to the cause of death? 1☐Yes 2☐No 3☐Probably 4☒Unknown

24a. Was an autopsy performed? 1☐Yes 2☒No	24b. Were autopsy findings available prior to completion of cause of death? 1☐Yes 2☐No

25. Was case referred to medical examiner? 1☐Yes 2☒No	26. Place of Death (Check only one) Hospital: 1☐Inpatient 2☐ER/Outpatient 3☐DOA Other: 4☒Nursing Home 5☐Residence 6☐Other (Specify)

27. Manner of Death 1☒Natural 2☐Accident 3☐Suicide 4☐Homicide 5☐Pending investigation 6☐Could not be determined	28a. Date of Injury (Month, Day Year)	28b. Time of Injury M	28c. Injury at Work? 1☐Yes 2☐No	28d. Describe how injury occurred
	28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)			28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one) 1☒Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2☐Medical Examiner: 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) and manner stated.

29b. Signature and title of certifier	29c. License number	29d. Date signed (Month, Day, Year)
▶ Sarkaran MD	D21649	July 12, 2007

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

SAMBANDAM BASKARAN, 3455 WILKENS AVE, BALTIMORE, MD 21229

31. Date filed (Month, Day, Year)	32. Registrar's Signature
JUL 16 2007	Geneva D. Sparks