

# AFFIDAVIT-TERMINATION OF JOINT TENANT

## Death of a Joint Tenant

I, Shauna L. Cummins, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That (Deceased Name as shown on Death Certificate) David J. Andrews, the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as (Deceased Name as shown on Deed), David Jonathon Andrews, named as one of the parties in that certain (type of document) Grant Bargain Sale Deed, dated on the 15<sup>th</sup> day of July, 1996, and executed by Paul Harlich and Kathleen Harlich, known as Grantor(s), to David J Andrews and Shauna L Andrews, known as Grantees, as joint tenants, and recorded as instrument number 392415, on the 19<sup>th</sup> day of July, 1996 in Book 0796 Pg 3055 of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Douglas, County of Douglas, State

of Nevada. (Set forth legal description and commonly known street address, if known)

Parcel 1, as shown on the Parcel map filed in the office of the county Recorder of Douglas County, NV, on May 25, 1977 in Book 577 of maps at Page 1319, under Document No. 09473

In Witness Whereof, I/We have hereunto set my/our hand(s) this 11<sup>th</sup> day of March, 2002

Shauna L. Cummins  
Signature  
Shauna L. Cummins  
Print or Type Name Here

Signature  
Print or Type Name Here

STATE OF NEVADA )  
COUNTY OF Douglas )

RECORDING REQUESTED BY AND MAIL TO  
Name: Shauna L. Cummins  
Address: PO Box 4149  
City/State/Zip: CC NV 89702

On this 11<sup>th</sup> day of March, 2002 personally appeared before me, a Notary Public Shauna L. Cummins

IF APPLICABLE MAIL TAX STATEMENTS TO  
Name:  
Address: S/A  
City/State/Zip:

personally known to me to be the person(s) whose name(s) is subscribed to the above instrument who acknowledged that She executed this instrument. Witness my hand and official seal

SPACE BELOW FOR RECORDS USE ONLY

Debra S York  
Notary Public (Notary Stamp)



**0536740**

**BK0302PG03805**

# STATE OF NEVADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

### STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER

STATE FILE NUMBER

1. DECEASED—NAME First Middle Last <b>David Jonathan ANDREWS</b>			2. DATE OF DEATH (Month, Day, Year) <b>November 23, 1997</b>		3a. COUNTY OF DEATH <b>Douglas</b>						
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Indian Hills</b>		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>3570 Cherokee</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Male</b>							
5. RACE—(e.g., White, Black, American Indian, etc) (Specify) <b>White</b>		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7a. AGE—Last Birthday (Years) <b>74</b>		7b. UNDER 1 YEAR MOS : DAYS		7c. UNDER 1 DAY HOURS : MINS		8. DATE OF BIRTH (Mo., Day, Yr.) <b>April 2, 1923</b>	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>Iowa</b>		9b. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		10. Decedent's Education. Specify highest grade completed. <b>9</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>Shauna Lynch</b>			
13. SOCIAL SECURITY NUMBER <b>326-14-8758</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Retired Stone Mason</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Construction Industry</b>							
15a. RESIDENCE—STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN, OR LOCATION <b>Indian Hills</b>		15d. STREET AND NUMBER <b>3570 Cherokee</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>			
16. FATHER—NAME First Middle Last <b>William Guy Andrews</b>			17. MOTHER—MAIDEN NAME First Middle Last <b>Anna Kronauer</b>								
18a. INFORMANT—NAME (Type or Print) <b>Shauna Andrews</b>			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>P.O. Box 819 Carson City, Nevada 89702</b>								
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY—NAME <b>Walton's Carson Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada</b>							
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Jammy Benson</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>62L</b>		20c. NAME AND ADDRESS OF FACILITY <b>Capitol City Cremation &amp; Burial Society 1614 N. Curry St. Carson City, Nev. 89703</b>							
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>William O'Shaughnessy M.D.</i>		21b. DATE SIGNED (Mo., Day, Yr.) <b>11-23-97</b>		21c. HOUR OF DEATH <b>0600</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) and manner stated. (Signature and Title) <i>[Signature]</i>		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) <b>William D. O'Shaughnessy M.D. 911 Mountain St. Carson City, NV. 89703</b>		21f. LICENSE NUMBER <b>2838</b>		22d. PRONOUNCED DEAD (Mo., Day, Yr.)		22e. PRONOUNCED DEAD (Hour)			
21g. REGISTRAR <i>[Signature]</i>		21h. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>11-25-97</b>		21i. DEATH DUE TO COMMUNICABLE DISEASE 24c. 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>Cancer of prostate and bladder</b>		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death <b>Few years</b>							
(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							
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		26. AUTOPSY (Specify Yes or No) <b>No</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		28h. STREET OR R.F.D. No.		28i. CITY OR TOWN		28j. STATE	

STATE REGISTRAR

No. 116632

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued:

NOV 25 1997

0536740

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY  
Shawna Cammins  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2002 MAR 11 PM 4:48

LINDA SLATER  
RECORDER

<sup>02</sup>  
s/6 PAID K2 DEPUTY

0536740

BK 0302 PG 03807