

1419-12-511-002

ASSESSORS PARCEL NUMBER (APN): 1419-12-511-003

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 Jonathan Andrews, named as one of the parties in that certain (type of document) Grant, Bargain Sale Deed, dated on the 5th day of May, ~~20~~ 1992, and executed by Herman S. Andrews and Orvina J. Andrews, known as Grantor(s), to Shauna L. Andrews and David J. Andrews, known as Grantees, as joint tenants, and recorded as instrument number 277984, on the 6 day of May, ~~20~~ 1982, in Book 592 Pg 897 of Official Records of Douglas County, Nevada, covering the following described property situated in the City of _____, County of Douglas, State

of Nevada. (Set forth legal description and commonly known street address, if known)
Lot 1 and 3, as shown on the map of Valley View Subdivision, Unit NO 2, sited in the Office of the County Recorder of Douglas County, Nevada, on April 6, 1964.

In Witness Whereof, I/We have hereunto set my/our hand(s) this 11th 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)

On this 11th day of March, 2002

personally appeared before me, a Notary Public
Shauna L. Cummins

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

Debra S York
Notary Public

(Notary Stamp)

RECORDING REQUESTED BY AND MAIL TO

Name: Shauna L. Cummins
Address: PO Box 4149
City/State/Zip: C.C. NV 89702

IF APPLICABLE MAIL TAX STATEMENTS TO

Name:
Address: S/A
City/State/Zip:

SPACE BELOW FOR RECORDS USE ONLY



AFF111

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BK 0402 PG 00229

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

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. David Jonathan ANDREWS		2. November 23, 1997	
CITY, TOWN, OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Indian Hills		3a. Douglas	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		SEX	
3c. 3570 Cherokee		4. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
5. White		6. No	
AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
7a. 74		8. April 2, 1923	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. Iowa		9b. U.S.A.	
SOCIAL SECURITY NUMBER		Decedent's Education. Specify highest grade completed.	
13. ████████-8758		10. 9	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
14a. Retired Stone Mason		11. Married	
KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
14b. Construction Industry		12. Shauna Lynch	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Indian Hills	
COUNTY		STREET AND NUMBER	
15b. Douglas		15d. 3570 Cherokee	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. William Guy Andrews		17. Anna Kronauer	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Shauna Andrews		18b. P.O. Box 819 Carson City, Nevada 89702	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. Walton's Carson Sierra Crematory	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		LOCATION City or Town State	
20a. <i>Jammy Bunch</i>		19c. Carson City Nevada	
FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20b. 62L		20c. Capitol City Cremation & Burial Society 1614 N. Curry St. Carson City, Nev. 89703	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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>William O'Shaughnessy M.D.</i>		(Signature and Title) <i>[Signature]</i>	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 11-23-97		22b. [Blank]	
HOUR OF DEATH		HOUR OF DEATH	
21c. 0600		22c. [Blank]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. [Blank]		22d. ON [Blank]	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		PRONOUNCED DEAD (Hour)	
23a. William D. O'Shaughnessy M.D. 911 Mountain St. Carson City, NV.		22e. AT [Blank]	
REGISTRAR		LICENSE NUMBER	
24a. (Signature) <i>Jude P. [Signature]</i>		23b. 2838	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24b. 11-25-97		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART I (a) Cancer of prostate and bladder		: : Few years	
DUE TO, OR AS A CONSEQUENCE OF:		: : Interval between onset and death	
(b) [Blank]		: : Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		: : Interval between onset and death	
(c) [Blank]		: : Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	
PART II [Blank]		26. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
28a. [Blank]		27. Yes	
DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28b. [Blank]		28c. M	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. [Blank]		28d. [Blank]	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e. [Blank]		28f. [Blank]	
LOCATION.		STREET OR R.F.D. No.	
28g. [Blank]		CITY OR TOWN 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

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BK 0302 PG 03806

COPY

REQUESTED BY
Shauna Cummins
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 APR -1 PM 12: 18

LINDA SLATER
RECORDER

\$ 16.00 PAID to DEPUTY

0538509

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