ASSESSORS PARCEL NUMBER (APN): 1420-07-411-042

## **AFFIDAVIT-TERMINATION OF JOINT TENANT**

**Death of a Joint Tenant** 

1, TEPRENCE L. HAYES,	the Affiant, being of le	egal age, and being first d	uly sworn, deposes
and says:			
That (Deceased Name as shown on Death Certificate) Beven	ly TEAN	HAVES	, the Decedent
nentioned in the attached certified copy Certificate of Dea			
BEURAL J HAVES		, named as one of the p	arties in that certain
type of document) DEEC	dated on the	3 day of APRIL	1997
and executed by 5'reary LAHETITI	<u> </u>	, ,	known as Grantor(s),
OTEPRENCE L HAYES AND			1 1
and recorded as instrument number 0 409 72			
n Book <u>0497</u> of Official Records of			
described property situated in the City of			
Chata of Novada was a second second second	** Longon		-1
	001	geview Estate	2 according
LOT 7(, as show won the  to the plat There of Filed in  Douglas County NVON DEC  Maps 1272, page 690 AP		Athe county R	econder of
to the plat Thene of Fited in	the office of	272 05 C/10-H	1 7502 BOOK
Dorglas County NVON DE	Teinser 11,	7-44-042	0000,
Maps 1272, page 690 AP	N: 1410 -	0 / 41/0 /2	
In Witness Whereof, I/We have hereunto set my/our han			
in villiess villeredi, i/vve have hereunto set my/our hair	u(s) ths uu v		*
1/2 / Jalan		/ /	
Clenence Lifay re Signature	Signature	<del>-/-/</del>	
	Olgridia	· /	
TERRENCE L. HAYES	Drint or Typ	o Nama Hara	
Print or Type Name Here		e Name Here	
STATE OF NEVADA	RECORDING REQUESTED		465
COUNTY OF DOUG / #5;	Address: 3 43	5 Tourmales	VE - 2021
dia an	City/State/Zip:	ENCE L. HAY 5 TOURMAIN 14250N CITY	NU 89705-11
On this 28 day of March, 20 03	Oity/Otatio/anjp.	· · · · · · · · · · · · · · · · · · ·	
personally appeared before me, a Notary Pypolic	IF APPLICABLE MAIL TAX	STATEMENTS TO	
Torrence L. NayEs	Name:		
	Address:		
personally known to me to be the person(s) whose name(e) is	City/State/Zip:		
subscribed to the above instrument who acknowledged that he executed this instrument. Witness my hand and official se	SPACE BELOW FOR RECO	RDS USE ONLY	
The second fine the second fin	مامات ا	AL TANKED	
Thurst Cleaner		MARY ANN WENNER NOTATIVE PUBLIC - State of Nevada	ı
Notary/Public 7		Motary Public Appointment Recorded in County of Douglas Appointment Recorded in County of Douglas	
(Notary Stamp)	66.7412.5	Appointment Recorded In May 3, 2004 My Appointment Expires May 3, 2004	
	302412		
AFF111		n E	71669
Nevada Legal Forms and Books, Inc. (702) 870-8977 3901 West Charleston Boulevard			
Las Vegas, Nevada 89102 www.legalformsrus.com		BK 0303 F	'G14066
© 2000 Consult an attorney if you doubt this forms fitness for your purpose.	l	•	
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# STATE OF NEVADA

### DEPARTMENT OF HUMAN RESOURCES **DIVISION OF HEALTH**

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES CERTIFICATE OF DEATH

LOCAL FILE NUMBER STATE FILE NUMBER DECEASED-NAME TYPE Middle DATE OF DEATH (Month, Day, Year) OR PRINT COUNTY OF DEATH IN PERMANENT Bever1v Jean HAYES 2.March 20, 2003 3a. Carson City CITY, TOWN OR LOCATION OF DEATH **BLACK INK** HOSPITAL OR OTHER INSTITUTION-Name (If not either, give street and number) If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Carson City 3€ Carson-Tahoe Hospital 30. Inpatient **DECEDENT** 4. Female RACE—(e.g., White, Black, American Indian, etc.) (Specify) Was Decedent of Hispanic Origin? Specify ☐ yes ☑ no If yes, specify Mexican, Cuban, Puerto Rican, etc. AGE—Last Birthday (Years) **UNDER 1 YEAR** UNDER 1 DAY DATE OF BIRTH (Mo., Day, Yr.) MOS : DAYS HOURS : MINS 5. White <sup>7a.</sup> 66 November 1,1936 STATE OF BIRTH (If not U.S.A., name country) CITIZEN OF WHAT COUN-Decedent's Education. Specify highest MARRIED, NEVER MARRIED, WIDOWED, DIVORCED IF DEATH SURVIVING SPOUSE (If wife, give maiden name) OCCURRED IN grade completed. INSTITUTION Illinois (Specify) 9b. USA 10 Married 12. Terrence Hayes SEE HANDBOOK SOCIAL SECURITY NUMBER USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) KIND OF BUSINESS OR INDUSTRY REGARDING **COMPLETION OF** RESIDENCE ITEMS <sup>13.</sup> 339-28-2695 14a. Homemaker Own Home RESIDENCE-STATE COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBER INSIDE CITY LIMITS 3435 Tourmaline (Specify Yes or No) 15a.Nevada 15b. Douglas 15c. Carson City No FATHER-NAME MOTHER-MAIDEN NAME First Last **PARENTS** Ralph Helmick Eleanor Stewart INFORMANT—NAME (Type or Print) MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 3435 Tourmaline, Carson City, NV 89705 18a. Terrence Hayes BURIAL, CREMATION, REMOVAL, OTHER (Specify) CEMETERY OR CREMATORY—NAME City or Town 19a. Burial 19b. Eastside Memorial Park Minden, Nevada DISPOSITION FUNERAL DIRECTOR—SIGNATURA (Or Person Acting as Such) FUNERAL DIRECTOR NAME AND ADDRESS OF FACILITY LICENSE NUMBER Walton's Chapel of the Valley 20c. 1281 No. Roop St., Carson City, NV 89706 To the best of my knowledge, death occurredue 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. the time, date and place and (Signature and Itie) (Signature and Title) DATE SIGNED (Mo., Day, Yr. HOUR OF DEATH DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH 21c.1525 CERTIFIER NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour) NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER; OR CORONER). (Type or Print.) LICENSE NUMBER 23a B. Bottenberg, D.O., 1001 Mountain St., Carson City, NV 89703 23b. D0674 REGISTRAR DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE CONDITIONS IF ANY WHICH GAVE 24a. (Signature) RISE TO IMMEDIATE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). 25. IMMEDIATE CAUSE CAUSE STATING THE UNDERLYING CAUSE LAST Interval between onset and death Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF Interval between onset and death CAUSE OF OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY PART WAS CASE REFERRED TO CORONER (Specify Yes or No) DEATH (Specify Yes or No) Ostoborosio <sup>27.</sup> No ACC., SUICIDE, HOM., UNDET., DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED (Specify) 28a. 28d. INJURY AT WORK (Specify Yes or No) PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 28g.

STATE REGISTRAR

No.235196

Jonne Sylva

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

Date Issued:

MAR 2 1 2003

**State Registrar** 

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STATE OF NEVADA

### **DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH**

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

ı				1		VER			)r Der			1				
TYPE /	LOCAL FILE NUMBER  DECEASED—NAME First Middle					Last			DATE OF DI	EATH (Month	, Day, Year)		STATE FILE NUMBER COUNTY OF DEATH			
OR PRINT							- 1	2.March 20, 2003					i .			
ERMANENT BLACK INK	MANENT DEVELLY			Jean THOSPITAI		INSTITUTIO	HAYE						icate DOA		arson C	TEA
	,			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give stree					Rm. inpatient (Specify)						_ =	
CEDENT		on City	1 10/0		rson-Ta				AGE Last	LIME	3e.	Inpat:			4. Fem	
			spe	Was Decedent of Hispanic Origin? Specify ☐ yes ☐ no If yes, AGE—Last specify Mexican, Cuban, Puerto Rican, etc.			RGE—Last Birthday (Yea	st <u>UNDER 1 YEAR</u> <u>UNDER 1 DAY</u> DATE OF BIRTH (Mo., D Years) MOS DAYS HOURS MINS					HTH (Mo., Day,	Yr.)		
	5. White		6.			<b></b>			a.66	7b.	•	7c.			mber 1,	
IF DEATH OCCURRED IN	STATE OF BIRT (If not U.S.A., na			CITIZEN OF W	VHAT COUN-	Deceden grade co	t's Educatio mpleted.	n. Specif	y highest	WIDOWED	NEVER MAP , DIVORCED	RRIED,	SURVI	VING SPOUS	E (If wife, give ma	iden nam
INSTITUTION SEE HANDBOOK	9a. <u>Illi</u>			9b. USA		10.	10		:	(Specify) 11.	Marri			erren	ce Haye	S
REGARDING	SOCIAL SECURITY NUMBER		ļ	USUAL OCCUPATION (Give Kind of Work Done During Me Working Life, Even if Retired)			ring Most	KIND OF BUSINESS OR INDUSTRY					\ \ \			
OMPLETION OF ESIDENCE ITEMS	13.	-2695		14a. Home	emaker					14b.	Own H	lome	1	\		
	RESIDENCE—S	TATE	COUNTY	,		CITY, TOV	VN, OR LO	CATION			TREET AND				DE CITY LIMITS ecity Yes or No)	;
<b>-</b>	15a.Nevad	a	15b. D	ouglas		15c. Ca	rson	City		1	3435 I	ourma.	Line	15e.	-	
	FATHER-NAME			Middle		Last			R-MAIDEN	NAME	First		Middle		Last	<del></del>
RENTS	16.	Ralph			He	elmic	k	17.			Eleano	r		S	tewart	
	INFORMANT-N	AME (Type or Pri	nt)			MA	ILING ADD	RESS		(Stree	t or R.F.D. N	o., City or Tov	vn, State, Z	(ip)		
	18a. Terr	ence Hay	ves			186	. 3435	Tou	rmali	ne. C	arson	City,	NV 8	9705	1	
		TION, REMOVAL		Specify)	CEMETERY							ATION	City or		State	·
	19a. Buri	a1			19b.East	tside	Memo	ria1	Park		19c.	Mino	den.	Nevad	a	
SPOSITION	FUNERAL DIREC	CTOR-SIGNATU	A.E		FUNERAL D	IRECTOR			SS OF FAC	II ITY						<del></del>
Į	(Or Person Acting 20a.	g as such)	2.00		LICENSE NO	9 Эмвен	20c. 1.2	Q1 N	o Po	wa. on St	tton's	s Chape son C	; +22 5T OI	THE	Valley	
>	24 7 7	e best of my know	vledge, dea	th occurred at				.01 1		a. On the ba	asis of exami	ation and/or	nvestigatio	n. in my onir	nion death occur	red
	due to	o the cause(s) sta		36970	tent	- 0	. /		*	at the tim	e, date and p	lace and due	to the caus	se(s) and ma	anner stated.	/
	W <b>\</b>	ature and Itte) I			OUR OF DEAT			-		ignature and TE SIGNED	(Mo., Day,	Yr.)	THOUR C	OF DEATH	-	
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RISE TO 🝃	24a. (Signature) 25. IMMEDIATE	CALISE (EA	L. P	ONE CAUSE	CALL TO	Jest .	24b.	UKAC	K ZI	,20	05 24	c. YES				
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	( 5	UE TO, OR AS A	CONSEQU	JENCE OF:			The same		/		<b>\</b>	1	•	Interval betw	veen onset and d	leath
USE OF	(c)							<b>\</b>					•			
DEATH	PART OTHE	R SIGNIFICANT	CONDITIO	NSConditions	contributing to	death but i	not resulting	) in the un	derlying caus	e given in P	art 1. AUTO	PSY (a	Specify   V or No)   C	VAS CASE F CORONER (S	REFERRED TO Specify Yes or N	o)
		9200	1002						\		26. N	lo	2	7. No		
	ACC., SUICIDE, OR PENDING IN	HOM., UNDET., VEST.	DATE OF	INJURY <i>(Mo., Da</i>	y, Yr.) HOUR	OF INJURY	′   [	DESCRIBE	HOW INJU	RY OCCURI	RED					
	(Specify) 28a.	_	28b.	<u>\</u>	28c.		M 2	28d.								
	INJURY AT WOF (Specify Yes or N		PLACE C	F INJURY—At buildi	home, farm, st ing, etc. <i>(Spec</i>	reet, factory	, office L	OCATION	•	STREET	OR R.F.D. No	).	CITY OR 1	rown	STATE	
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This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued:

0571669

State Registrar

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IN OFFICIAL RECORDS OF

DOUGLAS CO VEVADA 2003 MAR 28 PM 1: 43

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