

16- APN 1219-15-001-017

When Recorded Return and Mail Tax Statements To:

Russell R. Hearold  
888 Meadow Vista Drive  
Carson City, NV 89705

**AFFIDAVIT OF TERMINATION OF JOINT TENANCY**

STATE OF NEVADA        )  
                                  )§  
COUNTY OF DOUGLAS    )

RUSSELL R. HEAROLD, husband of EVA M. HEAROLD, being duly sworn, deposes and says:

1. That Eva M. Hearold, the decedent mentioned in the attached certified copy of certificate of death, was, until her death, and is the same person as Eva M. Hearold, named as one of the parties in that certain deed by and between Russell R. Hearold and Eva M. Hearold, husband and wife, as joint tenants, as noted in the official records of Douglas County, State of Nevada, described as follows:

A parcel of land located in the Southeast Quarter of the Northeast Quarter of Section 15, Township 12 North, Range 19 East, M.D.B. & M., more particularly described as follows:

Parcel 1 of that certain parcel Map recorded on the 28<sup>th</sup> day of December, 1982 in Book 1282, Page 1467, and Document Number 74308, Official Records of Douglas County, State of Nevada.

2. That this affidavit is executed and recorded for the purposes of terminating the interest of said Eva M. Hearold in and to the hereinabove-described real property.

3. That Russell R. Hearold makes this affidavit as husband and surviving joint tenant named herein.

Dated this 1<sup>st</sup> day of November 2002.

*Russell R. Hearold*  
RUSSELL R. HEAROLD

On this 1<sup>st</sup> day of November, 2002, personally appeared before me, a Notary Public, Russell R. Hearold, personally known or proved to me to be the person whose name is subscribed to the above instrument and who acknowledged that he executed the above instrument.

*[Signature]*  
NOTARY PUBLIC

0572785

BK0403PG03507



# 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	
1. DECEASED—NAME First Middle Last <b>Eva M. HEAROLD</b>		2. DATE OF DEATH (Month, Day, Year) <b>September 6, 2002</b>	
3a. CITY, TOWN OR LOCATION OF DEATH <b>Carson City</b>		3b. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>Carson-Tahoe Hospital</b>	
3c. <b>Carson City</b>		3d. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Inpatient</b>	
3e. <b>Female</b>		4. SEX	
5. <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. <b>76</b>		7b. <b>76</b>	
7c. <b>76</b>		7d. <b>76</b>	
8. <b>May 30, 1926</b>		9. DATE OF BIRTH (Mo., Day, Yr.)	
9a. <b>Minnesota</b>		9b. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
10. <b>12</b>		10. Decedent's Education. Specify highest grade completed.	
11. <b>Married</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
12. <b>Russell Hearold</b>		12. SURVIVING SPOUSE (If wife, give maiden name)	
13. <b>-8058</b>		13. SOCIAL SECURITY NUMBER	
14a. <b>Owner Operator</b>		14b. <b>Water Company</b>	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. <b>Nevada</b>		15b. <b>Douglas</b>	
15c. <b>Gardnerville</b>		15d. <b>353 Eva Court</b>	
15e. <b>Yes</b>		15e. INSIDE CITY LIMITS (Specify Yes or No)	
16. <b>Louis Bourassa</b>		17. <b>Myrtle Sauvageau</b>	
16. FATHER—NAME First Middle Last		17. MOTHER—MAIDEN NAME First Middle Last	
18a. <b>Russell Hearold</b>		18b. <b>353 Eva Court, Gardnerville, NV 89410</b>	
18a. INFORMANT—NAME (Type or Print)		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
19a. <b>Cremation</b>		19b. <b>Walton's Sierra Crematory</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)		19b. CEMETERY OR CREMATORY—NAME	
19c. <b>Carson City, NV</b>		19c. LOCATION City or Town State	
20a. <b>[Signature]</b>		20b. <b>9</b>	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		20b. FUNERAL DIRECTOR LICENSE NUMBER	
20c. <b>Walton's Chapel of the Valley</b>		20c. NAME AND ADDRESS OF FACILITY	
20d. <b>1287 No. Roop St., Carson City, NV 89706</b>		20d. ADDRESS	
21a. <b>[Signature]</b>		21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.	
21a. DATE SIGNED (Mo., Day, Yr.)		21a. HOUR OF DEATH	
21b. <b>9-10-02</b>		21b. <b>0200</b>	
21c. <b>Robert McDonald M.D.</b>		21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
21d. <b>ON</b>		21d. PRONOUNCED DEAD (Mo., Day, Yr.)	
21e. <b>AT</b>		21e. PRONOUNCED DEAD (Hour)	
22a. <b>ON</b>		22a. PRONOUNCED DEAD (Mo., Day, Yr.)	
22b. <b>AT</b>		22b. PRONOUNCED DEAD (Hour)	
23a. <b>Robert McDonald M.D., 710 W. Washington St., Carson City, NV</b>		23b. <b>6433</b>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		23b. LICENSE NUMBER	
24a. <b>[Signature]</b>		24b. <b>September 10, 2002</b>	
24a. REGISTRAR (Signature)		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24c. <b>NO</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		25. INTERVAL BETWEEN ONSET AND DEATH	
PART I (a) <b>Coronary Artery Aneurysm</b>		25. <b>24 hours</b>	
(b) <b>Compensated Heart Failure</b>		25. <b>Months</b>	
(c) <b>Severe COPD</b>		25. <b>Years</b>	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		26. <b>No</b>	
26. <b>Severe Mitral Valve Regurgitation</b>		26. AUTOPSY (Specify Yes or No)	
27. <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No)	
28a. <b>28a.</b>		28a. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	
28b. <b>28b.</b>		28b. DATE OF INJURY (Mo., Day, Yr.)	
28c. <b>28c.</b>		28c. HOUR OF INJURY	
28d. <b>28d.</b>		28d. DESCRIBE HOW INJURY OCCURRED	
28e. <b>28e.</b>		28e. INJURY AT WORK (Specify Yes or No)	
28f. <b>28f.</b>		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28g. <b>28g.</b>		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

TYPE OR PRINT IN PERMANENT BLACK INK

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

BK0403P603508  
572785



STATE REGISTRAR

No. 218942

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

Date Issued: **SEP 10 2002**

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT



✓ Nancy Rey Jackson  
Attng at Law  
1591 Mono Ave  
Minden NV 89423-4012

SEARCHED

REQUESTED BY  
*Nancy Rey Jackson*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2003 APR -8 AM 10:18

WERNER CHRISTEN  
RECORDER

\$ *16.00* PAID *BC* DEPUTY

0572785

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