File No:

142-2062447 (NMP)

A.P.N.:

1420-33-112-012

When Recorded, Mail Tax Statements To:

Margaret Simms 215 Wind Tree Circle Carson City, NV 89701

A.P.N.: **1420-33-112-012**

AFFIDAVIT - TERMINATING JOINT TENANCY

Margaret Simms, of legal age, being first duly sworn, deposes and says:

That Robert Simms, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as Robert Simms named as one of the parties in that certain Joint Tenancy Deed dated November 9, 2001 executed by Robert Simms to Margaret Simms and Robert Simms as joint tenants, recorded as Document No. 0527674 on November 14, 2001 in Book 1101/4037 of Official Records of **Douglas** County, **Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada**:

Lot 121 in Block B as shown on the final map of WILDHORSE UNIT 4, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada on December 12, 1990 in Book 1290, Page 3944 as Document No. 241974.

Date:	4/23	103
Date.	, ,	/

By: Margaret

Margaret Simms

STATE OF

NEVADA

COUNTY OF

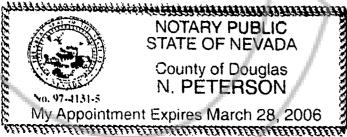
DOUGLAS

:SS.

his instrument was acknowledged before me on

I Simms

(My commission expires: 3/



Page 1

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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 ~	LOCAL FILE NUMBER DECEASED—NAME First	3	Middle	······································	Las	st	DATE	OF DEATH ((Month, Day, Year)	Marian Company of the	FILE NUMBER OUNTY OF DEATH			
OR PRINT										/ \	3a. Douglas			
PERMANENT BLACK INK	1. Robert CITY, TOWN OR LOCATION OF	DEATH	Lawson HOSPITAL OR OTH	on SIMMS 2. OR OTHER INSTITUTION—Name (If not either, give street a				and number) If Hosp, or Inst, indicate DOA.						
	3b. Minden 3c. 1324 Bridle Way 3e. 4. Ma										4. Male	e		
DECEDENT	RACE—(e.g., White, Black, American Indian, etc.) (Specify) Was Decedent of Hispanic Origin? Specify yes yes yes AGE—Last UNDER 1 YEAR UNDER 1 DAY Birthday (Years) MOS • DAYS HOURS • MINS									OF BIRTH (Mo., Day, Yr	·)			
	5. White 6. 5. White 6. 76 76. 76. 76. 8. Aug. 29., 192										25			
IF DEATH	STATE OF BIRTH (If not U.S.A., name country)		ITIZEN OF WHAT COURY	n. Specify highes	I WID	OWED DIVO	R MARRIED, DRCED	SURVIVING SI	/IVING SPOUSE (If wife, give maiden name)					
OCCURRED IN INSTITUTION SEE HANDBOOK	9a. Washington	91	UDA	10.	o. 6 yrs.			(Specify) Married 12. M			Margaret L. Wood			
REGARDING COMPLETION OF	SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER USUAL OCCUPATION (Give Kind of Work Done During Now Working Life, Even if Retired)							KIND OF BUSINESS OR INDUSTRY					
RESIDENCE ITEMS	13. RESIDENCE—STATE	COUNTY	ta. Carpe	et La		14b. Carpet Industry ATION STREET AND NUMBER INSIDE CITY LIMITS								
	•		-1		CITY, TOWN, OR LOCATION			(Specify Yes						
	> 15a. Nevada FATHER—NAME First	15b. D	ouglas Middle	15c.	Minde Last	n mother <i>mai</i> i	DEN NAM		324 BT1Q1	.e way Middle	15e. NO			
PARENTS	_			C4.	mms	17.		₽1.1 m	abeth		Stracl	han		
	16. Joseph INFORMANT—NAME (Type or Pr	int)		21	MAILING ADDI				F.D. No., City or Tow	n, State, Zip)	Deraci	L		
	18a. Margaret L.	Simms			18ь. 13	24 Brid	le Wa	av. Mi	nden, Nev	ada 894	23			
(BURIAL, CREMATION, REMOVAL			ERY OR C	REMATORY—NA			\	LOCATION	City or Town	State	7		
DICDOCITION	19a.Cremation		19b. T	Valto	n's Sie	rra Cren	natoi	ry	19c. Carson	City,	Nevada	_/		
DISPOSITION	FUNERAL DIRECTOR—SIGNATO (Or Person Acting as Such)	IRE	FUNER LICENS	AL DIRECT	OR NAME AN	ID ADDRESS OF	FACILITY	Walt	on's Doug	las Cou	inty Mortu	ary		
Į	20a. 🔪		20b.	<u></u>		478 Four			, Minden,					
ſ	21a To the best of my kno due to the cause(s) st	wledge, death sted.	occurred at the time, o	iate and pla	ice and	à	22a. Or at	the basis of the time, dat	examination and/or in and place and due	vestigation, in mother than the cause(s) a	y opinion death occurre nd manner stated.			
	(Signature and Title) DATE SIGNED (Mo., I		HOUR OF	DEATH		7.9	(Signate	ure and Title) SIGNED (Mo.	المتحدد المتحدد المتحدد المتحدد	HOUR OF DE) adech			
	ළිග ආ	Jay, 11.)		DEATH		Somplete Sora	DATE	/		1				
ĈERTIFIER	Ω≌ 210. ∞≻	G PHYSICIAN	21c.	RTIFIER (T)	ype or Print)		, 220.	6-4-20 DUNCED DE	AD (Mo., Day, Yr.)	PRONOUNCE	L 3 D DEAD <i>(Hour)</i>			
	으는 O 21d.			•		180	•	N 6-2-	, , , , ,	22e. AT 201	• •			
	NAME AND ADDRESS	OF CERTIF	IER (PHYSICIAN, ATT	ENDING PI	YSICIAN, MEDI	CAL EXAMINER,					ENSE NUMBER			
Į	× ^{23a} Kathle	en Tad	ich, Depu	tv Co	roner.	P.O. Box	x 218	8. Mir	iden, Nv.8	39423 23ь.	066			
CONDITIONS	REGISTRAR	7	1/ 1		DATE	RECEIVED BY RE	GISTRAF	٦ <i>(Mo., Day,</i> ۱	(r.) DEATH DUE TO	COMMUNICABL	LE DISEASE			
CONDITIONS IF ANY WHICH GAVE RISE TO	24a. (Signature)	aR	Schano	Rep.	24b.	June a	5.20	002	24c, YES□	ио 🔀				
RISE TO IMMEDIATE CAUSE			ONE CAUSE PER LINI		(b), AND (c).)	1		,	\	• Interva	al between onset and de	∋ath		
STATING THE UNDERLYING CAUSE LAST	PART (a) Multi		gan failu	re						• Intone	al between onset and de	oath		
1	1	\				1				• IIIGIVZ	n between onset and di	saui		
	b) due to DUE TO, OR AS		enites						<u> </u>	• Interva	al between onset and de	eath		
		\	orated du	odena	1					<u>:</u>				
CAUSE OF DEATH			S—Conditions contribu			in the underlying	cause giv	ven in Part 1.	AUTOPSY (6	Specify WAS C	ASE REFERRED TO			
		/				/ /			^{26.} Yes	27.	NER (Specify Yes or No Yes	"		
85	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.	DATE OF IN	JURY (Mo., Day, Yr.)	IOUR OF I	UURY	DESCRIBE HOW	INJURY C	OCCURRED		······································				
0 7	(Specify) 28a.	28b.	750	8c.	M									
154	INJURY AT WORK (Specify Yes or No) PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) STREET OR R.F.D. No.								.F.D. No.	CITY OR TOWN STATE				
မ မ	28e.	28f.				28g. 			· · · · · · · · · · · · · · · · · · ·					
B 7	ET WHEN END		Charana	D=016						No. 2	19317			
23	The state of the s		STATE	HEGIS	SIRAH				•	fan .	TOOTI			
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	I have by	of t	the certificate o	n file in	this office.			Ph				7037		
	CAMPA .	Dat	te Issued:			וטנ	A D 8	6 2002	;	State Regis	trar			
				1201	ANYOZZA C	41 /BX	1月1年	WINE W	18 VSV 81	YOTH W				
			WARNING:	IT IS ILLE	EGAL TO ALTE	R OR COPY TH	IS DOC	UMENT						
	CACA CHILL SHIP AND	0.12								TO THE PARTY OF				

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REQUESTED BY

IN OFFICIAL RECORDS OF DOUGLAS CO. MEYADA

2003 APR 30 PM 3: 54

WEIGHER CHRISTEN RECORDER