

16-

REQUESTED BY
Earl McDaniel
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2003 DEC 19 AM 10:22

WERNER CHRISTEN
RECORDER

\$16⁰⁰ PAID KJ DEPUTY

APN: 122032410640
Recording requested by and mail documents and
tax statements to:

✓ Name: Earl R. McDaniel
Address: 1422 Patricia Dr
City/State/Zip: Gardnerville NV 89410

AFF111
Nevada Legal Forms & Books, Inc. (702) 870-8977
www.legalformsrus.com

AFFIDAVIT-TERMINATION OF JOINT TENANT

Death of a Joint Tenant

I, EARL R. MCDANIEL
the Affiant, being of legal age, and being first duly sworn, deposes and says:

That RUTH EVELYN MCDANIEL
the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as,

RUTH EVELYN MCDANIEL
named as one of the parties in that certain Grant, Bargain, Sale Deed
dated on the 27th day of March, 1974, and executed by

William A Worden and Nivia Worden
known as Grantor(s), to Earl R. McDaniel and Ruth Evelyn McDaniel
known as Grantees, as joint tenants, and recorded as instrument number 72456

on the 27 day of March, 1974 in Book _____ of Official Records
of Douglas County, Nevada, covering the following described property situated
in the City of Gardnerville County of Douglas, State
of Nevada. (Set forth legal description and commonly known street address, if known)

See Exhibit 'A'

In Witness Whereof, I/We have hereunto set my/our hand(s) this 19th day of December, 2003.

Earl R. McDaniel
Signature


Signature

Earl R. McDaniel
Print or type name here

Print or type name here

STATE OF NEVADA)
COUNTY OF _____)
On this 19th day of December, 2003, personally appeared before me, a
Notary Public Michelle Gersten
personally known to me to be the person(s) whose name(e) is subscribed to the above instrument who
acknowledged that ✓ he executed this instrument. Witness my hand and official seal.

Michelle Gersten
Notary Public
My Commission Expires: 7-28-2007

 **MICHELLE GERSTEN**
Notary Public - State of Nevada
Appointment Recorded in Carson City
No: 03-83573-3 - Expires July 28, 2007

Consult an attorney if you doubt this forms fitness for your purpose.

0599972

BK 1203 PG 08780

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		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Ruth Evelyn MCDANIEL		2. November 15, 2003		3a. Douglas		COUNTY OF DEATH	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)		SEX	
3b. Gardnerville		3c. 1422 Patricia Dr.		3e.		4. Female	
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.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6. 80		7a. 80		8. December 8, 1922	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. Indiana		9b. U.S.A.		10. 12 Years		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY			
13. ██████████-4582		14a. Bookkeeper		14b. Auto Industry			
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Gardnerville		15d. Patricia Dr.	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		INSIDE CITY LIMITS (Specify Yes or No)			
16. Perry Compton		17. Mary Sparks		15e. Yes			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Earl McDaniel - Husband		18b. 1422 Patricia Dr. Gardnerville, NV 89460					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Removal/Burial		19b. Roselawn Cemetery		19c. Terre Haute, Indiana			
FUNERAL DIRECTOR—SIGNATURE (Or Paraphr Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. <i>[Signature]</i>		20b. 217		20c. Home, 1380 Hwy 395, Gardnerville, NV 89410			
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.					
21b. 11-18-03		21c. 0800		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. ON		22e. AT		22f. PRONOUNCED DEAD (Mo., Day, Yr.)	
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		22g. AT		22f. PRONOUNCED DEAD (Hour)			
23a. Andrea L. Miller M.D., 1374 Bridle Way, Minden, NV 89423		23b. 8912		LICENSE NUMBER			
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. <i>[Signature]</i>		24b. November 19, 2003		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) <i>Cardiopulmonary arrest</i>		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) <i>congestive heart failure</i>		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) <i>coronary artery disease</i>		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.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
26. NO		27. NO					
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c.		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	
28e.		28f.		28g.			



STATE REGISTRAR

No. 246263

[Signature]
Yvonne Sylva

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

Date issued: NOV 19 2003 0599972 State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

RR1203PG08781

1-
ASSESSORS PARCEL NO.: 29-352-11 NEW APN: 1220-22-40-040

DECLARATION OF HOMESTEAD

(CHECK ONE)

- MARRIED (filing joint declaration)
- MARRIED (as sole and separate property)
- By Husband (filing for joint benefit of both)
- By Wife (filing for joint benefit of both)
- By Trustee of Trust (Personal Living Trust)

- Single, Widow or Unmarried Person
- Multiple Single Persons
- Single Head of Family
- Other: (Describe) _____

(CHECK ONE)

- HOUSE
- MOBILE HOME
- CONDOMINIUM UNIT
- TOWNHOUSE

Name on title of property: EARL R. MCDANIEL & RUTH EVELYN MCDANIEL

Do individually and severally certify and declare that the following named persons is/are residing on the land premises (or mobile home, condominium unit, townhouse) as follows: EARL R. MCDANIEL & RUTH EVELYN MCDANIEL located at (street address)

1422 PATRICIA DR City of GARDNERVILLE County of DOUGLAS

State of NEVADA and more particularly described as follows:

Exhibit 'A'

SUBDIVISION: (set forth legal description and commonly known address)

LOT 765, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 7, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON MARCH 27, 1974, AS DOCUMENT NO. 72456

0599972

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