

16-

Assessor's Parcel Number: 1318-10-415-037

Recording Requested By:

✓ Name: DONNA C. BLOSSIEY

Address: PO Box 11093

City/State/Zip ZEPHYR COVE NV 89442

R.P.T.T.: _____

REQUESTED BY
Donna C. Blossiey
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 SEP -3 PM 1:53

WERNER CHRISTEN
RECORDER

\$16.00 PAID Plu DEPUTY

AFFIDAVIT - TERMINATION OF JOINT TENANT
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

C:\bc docs\Cover page for recording

0623418

BK0904PG01422

16
ASSESSORS PARCEL NUMBER (APN): 1318-10-415-037

AFFIDAVIT-TERMINATION OF JOINT TENANT

Death of a Joint Tenant

I, DONNA C. BLOSSEY, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That (Deceased Name as shown on Death Certificate) DANALIE MARY LOGAN, the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as (Deceased Name as shown on Deed),

DANALIE M. LOGAN, named as one of the parties in that certain (type of document) DEED dated on the 31 day of JULY, 2003

and executed by DANALIE M. LOGAN, known as Grantor(s), to DONNA C. BLOSSEY, known as Grantees, as joint tenants,

and recorded as instrument number 585169, on the 31 day of JULY, 2003 in Book 0703 of Official Records of DOUGLAS County, Nevada, covering the following

described property situated in the City of ZEPHYR HEIGHTS, County of DOUGLAS State of Nevada. (Set forth legal description and commonly known street address, if known) 615 MOUNTAIN VIEW LN.

LOT 31 BLOCK B AS SHOWN ON THE MAP ZEPHYR HEIGHTS SUB DIVISION #4 FILED IN THE OFFICE OF COUNTY RECORDER OF DOUGLAS COUNTY STATE OF NEVADA JUNE 7th 1955

In Witness Whereof, I/We have hereunto set my/our hand(s) this 16 day of June, 2004.

Donna C Blosssey
Signature

Signature

Donna C. Blosssey
Print or Type Name Here

Print or Type Name Here

STATE OF NEVADA)

COUNTY OF Douglas)

On this 16 day of June, 2004 personally appeared before me, a Notary Public

Donna C. Blosssey

personally known to me to be the person(s) whose name(e) is subscribed to the above instrument who acknowledged that She executed this instrument. Witness my hand and official seal

RECORDING REQUESTED BY AND MAIL TO

Name:

Address:

City/State/Zip:

IF APPLICABLE MAIL TAX STATEMENTS TO

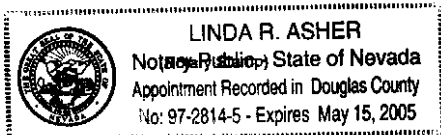
Name:

Address:

City/State/Zip:

SPACE BELOW FOR RECORDS USE ONLY

Notary Public



AFF111

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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY! NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV 1/03)				LOCAL REGISTRATION NUMBER	
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT -- FIRST (Given)	2. MIDDLE	3. LAST (Family)				
	DANALIE		MARY		LOGAN		
	AKA. ALSO KNOWN AS -- Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy	5. AGE Yrs.	6. UNDER ONE YEAR Months Days	7. UNDER 24 HOURS Hours Minutes	8. SEX
			11/14/1944	59			FEMALE
USUAL RESIDENCE	9. BIRTH STATE/FOREIGN COUNTRY	10. SOCIAL SECURITY NUMBER	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS (at Time of Death)	7. DATE OF DEATH mm/dd/yyyy	8. HOUR (24 Hours)	
	CALIFORNIA		6598	DIVORCED	05/20/2004	1125	
	13. EDUCATION -- Highest Level/Degree (See Worksheet on back)	14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see worksheet on back.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	15. DECEDENT'S RACE -- Up to 3 races may be listed (see worksheet on back)				
	10TH		CAUCASIAN				
SPOUSE AND PARENT INFORMATION	17. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION		
	BUSINESS OWNER		AIR CONDITIONING INSTALLATION COMPANY		20		
	20. DECEDENT'S RESIDENCE (Street and number or location)		21. CITY		22. COUNTY/PROVINCE	23. ZIP CODE	24. YEARS IN COUNTY
	15533 LABRADOR STREET		NORTH HILLS		LOS ANGELES	91343	59
FUNERAL DIRECTORY LOCAL REGISTRAR	26. INFORMANT'S NAME, RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)				
	KIMBER LEE MORTON, DAUGHTER		10833 BLUCHER AVENUE, GRANADA HILLS, CA 91344				
	28. NAME OF SURVIVING SPOUSE -- FIRST	29. MIDDLE	30. LAST (Maiden Name)				
	-		-		-		
PLACE OF DEATH	31. NAME OF FATHER -- FIRST		32. MIDDLE	33. LAST	34. BIRTH STATE		
	WILLIAM		F.	DECKER	CALIFORNIA		
	35. NAME OF MOTHER -- FIRST		36. MIDDLE	37. LAST (Maiden)	38. BIRTH STATE		
	DOROTHY		-	SISTO	CALIFORNIA		
CAUSE OF DEATH	39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION				
	05/26/2004		OAKWOOD MEMORIAL PARK 22601 LASSEN STREET, CHATSWORTH, CA 91311				
	41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER		
	CR/BU		NOT EMBALMED		-		
PHYSICIANS CERTIFICATION	44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
	NEPTUNE SOCIETY S.O.		FD-1359	Thomas L. Gaudin		05/25/2004	
	101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE		
	RESIDENCE		<input type="checkbox"/> IP <input type="checkbox"/> ERVOP <input type="checkbox"/> DOA		<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		
CORONERS USE ONLY	104. COUNTY	105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY			
	LOS ANGELES	15533 LABRADOR STREET		NORTH HILLS			
	107. CAUSE OF DEATH Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular fixation without showing the etiology. DO NOT ABBREVIATE.		108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death		109. DEATH REPORTED TO CORONER? REFERRAL (Y/N)		
	IMMEDIATE CAUSE (A) (Final disease or condition resulting in death) → METASTATIC LUNG CANCER		3 MONS		2004-53995		
110. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		111. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		113A. IF FEMALE, PREGNANT IN LAST YEAR?			
CHRONIC OBSTRUCTIVE LUNG DISEASE		RIGHT UPPER LOBECTOMY 02/02/2004		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER		117. DATE mm/dd/yyyy	
Decedent Attended Since Decedent Last Seen Alive		Wen-Cheng Jen, MD		A70481		05/21/2004	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		119. TYPE ATTENDING PHYSICIANS NAME, MAILING ADDRESS, ZIP CODE		120. INJURED AT WORK?			
04/12/2004 04/12/2004		WEN-CHENG JEN, MD 11211 SEPULVEDA BLVD, MISSION HILLS, CA 91345		YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>			
121. MANNER OF DEATH		122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. INJURY DATE mm/dd/yyyy			
Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Hanging <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/>				124. HOUR (24 Hours)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		126. SIGNATURE OF CORONER / DEPUTY CORONER			
				127. DATE mm/dd/yyyy			
				128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR	A	B	C	D	E	FAX AUTH. # 195/6314	
						CENSUS TRAC	
						190182851	

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

Thomas L. Gaudin

245 MAY 26 2004
DATE ISSUED

Director of Health Services and Registrar

0623418

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

BK 0904 PG 01424

