DOC # 0653577
08/29/2005 01:06 PM Deputy: BC
OFFICIAL RECORD
Paguested By:

Requested By: FIRST AMERICAN TITLE COMPANY

A.P.N.:

1220-22-401-101

File No:

()

When Recorded, Mail Tax Statements To: Joan Swisher 1482 Kathy Way Gardnerville, NV 89460 Douglas County - NV Werner Christen - Recorder

Page: 1 Of 2 Fee: BK-0805 PG-13822 RPTT:

15.00



AFFIDAVIT - TERMINATING JOINT TENANCY

William J. Swisher, of legal age, being first duly sworn, deposes and says:

That William B. Swisher, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as William B. Swisher named as one of the parties in that certain Grant Deed dated April 6, 1993 executed by Bill Merrill and Kathie J. Merrill, husband and wife as joint tenants to William B. Swisher and Joan M. Swisher, husband and wife as joint tenants, recorded as Document No. 306964 on May 13, 1993 in Book 0593 Page 2365 of Official Records of Douglas County, Nevada covering the following described property situated in the County of Douglas, State of Nevada:

Lot 906, as shown on the map of Gardnerville Ranchos Unit 7, filed for filed for record in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974 in Book 374 Page 676 as File No. 72456.

William J. Swisher

/Date

STATE OF

NEVADA

) :ss.)

COUNTY OF

DOUGLAS

M. OMOHUNDRO
NOTARY PUBLIC
STATE OF NEVADA
Appt. Recorded in Doubles Co

My Appt Expires March 16, 200
No: 99-57872-6

This instrument was acknowledged before me on

81acolo5 by

William J. Swisher

Notary Public

(My commission expires: 😤

3/15/05



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS Reno, Nevada

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

DECEASED NAM	FILE NUMBER E First	2168 Middle	Last	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER COUNTY OF DEATH
1.	William	Brown	SWISHER	² July 22, 2005	3a Washoe
	OCATION OF DEATH		ITUTION-Name (If not either, giv	ve street and number) If Hosp, or that, indicate Rm, Inpatient (Specific	to DOA, OP/Emer. SEX
3b. Reno	<u>1</u>	^{3c} St. Mary's	Regional Med	. Center 3. Inpat:	ient 4 Ma
FIACE (e.g., White Indian, etc.	Black, American Was (Specify) speci	Decedent of Hispanic Origin? Sputty Mexican, Cuban, Puerto Rican	ecity 🖸 yes 🕱 no if yes. AGE-	Last UNDER 1 YEAR UNDER 1 L by (Years) MOS DAYS HOURS	
5 White	6.		7a. 7	<u> </u>	8 June 9, 193
STATE OF BIRTH (If not U.S.A., name	country) T	TPTY	scadent's Education. Specify high ade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give m
Social Security	<u> </u>	B. U.S.A. 10. USUAL OCCUPATION (GIVE KIND	12 1501	rs 11. Married	12 Joan Criss
13.	٠. ١	Working Life, Even if Retired)			
RESIDENCE—STA	/ 401	У У	ce-President Y, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMIT
15a Nevac	a 156. D	ouglas 15c.	Gardnervill	le 15d. 1482 Kathy	Way 15e. Yes
FATHER-NAME	First	Middle * * *		PAIDEN NAME FIRST	Middle Last
16.	Mont	Eugene S	wisher - 17.	Charlotte (Christine Brow
INFORMANT-NAL			MAILING ADDRESS	(Street or R.F.D. No., City or Town	, State, Zlo)
18a. Joan	Swisher - W	ife 4	186. 1482 Kathy	Way, Gardnerville,	Nevada 89460
BURIAL, CREMATI	ON, REMOVAL, OTHER (S)		CREMATORY—NAME	LOCATION	City or Town State
19a. Crema	tion	196 / Fit	zHenry's Crema	itory 196 Car	son City, Nevad
FUNERAL DIRECT	Such)		TOR NAME AND ADDRESS O		rson Valley Fur
20a 21a 35 the l	THE STATE OF STATE STATES	206. 217	200 Home 1	380 Hwy 395. Gardne	rville. Nevada
DI)		a occupied by the time, clean, says of		22a. On the basis of examination and/or inv at the time, date and place and due to	the cause(s) and manner stated.
	GNED (Ma., Day, Fr.)	HOUR OF DEATH	-/N/2]	(Signature and Title)	HOUR OF DEATH
00 21b.	7/28/00	- 21c. /1835		8 / 22b.	220.
	F ATTENDING PHYSICIAN	N IF OTHER THAN CORTIFIER (1		.e	PRONOUNCED DEAD (Hour)
주도 3 21d.		Y	*****	22HLON	22e. AT
NAME /	ND ADDRESS OF CERTIF	IER (PHYSICIAN, ATTENDING P	HYSICIAN, MEDICAL EXAMINER	R, OR CORONER). (Type or Print.)	LICENSE NUMBER
23a. A	lfred Maher	, M∕D., 235 W	. 6th St., Ren	no, Nevada 89503	230. 5509
REGISTRAR	77.1	74.D	DATE RECEIVED BY	REGISTRAR (Mo., Day, Yr.) DEATH DUE TO C	OMMUNICABLE DISEASE
24a. (Signature)	>) una	~ JUDYO D	ep. 246: July 29), 2005 24c. YES□	NO 📆
25. IMMEDIATE CA	4 4,9	ONE CAUSE FER LINE FOR (a),	(b), AND (c).)	20g · 自身重要制造工具制。	Interval between onset and
PART (a)	Septice/				
1	TO, OH AS A COMSEQUE	PROE OFF			Interval between onset and
) (b) DUE	TO, OR AS A CONSEQUE	ENGE OF:			Interval between onset and
PART OTHER	SIGNIFICANT CONDITIONS	S Conditions contributing to deat	In but not resulting in the underlyk	ng cause given in Part 1. AUTOPSY (Sp	ecily WAS CASE REFERRED TO
Mel	actatic '	Savamous C	ell Curcinon	na 28. No	(No) CORONER (Specify Yes or I
ACC., SUICIDE, HO	M., UNDET., DATE OF IN.	UURY (No., Day, Yr.) HOUR OF I		W INJURY OCCURRED	
(Specify)	286.	28c.	M 28d.	± 1 € 1 € 1	
	PLACE OF	iNJURY—At home, farm, etreet, f building, etc. (Specify)	factory, office LOCATION.	STREET OR R.F.D. No.	TY OR TOWN STATE
	281.		28g.	1997年 - 高麗田田	
OF TONN		Ai e i		<u> </u>	- 20700
0: 0010				N	lo. 2 8702`
	. 4 .	STATE REGIST	TRAP	• • • • • • • • • • • • • • • • • • •	
				1	
				nd legal copy of the certificat	
	E CONTRACTOR			1	