

OFFICIAL RECORD

Requested By:
LLOYD V BLACKMORE JR

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-1205 PG- 4699 RPTT: 0.00



16-
APN: 1220-01-001-016
Recording requested by and mail documents and tax statements to:

Name: LLOYD V. BLACKMORE JR.

Address: 1905 CURRAUNT CT.

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, LLOYD V. BLACKMORE JR.

the Affiant, being of legal age, and being first duly sworn, deposes and says:

That LINA EILEEN STROUP

the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as,

LINA E. STROUP, SURVIVING TRUSTEE OF STEPHEN STROUP FAMILY TRUST

named as one of the parties in that certain (type of deed) REVOCABLE TRUST

dated on the 4 day of OCTOBER, 1990, and executed by

STEPHEN AND LINA STROUP

known as Grantor(s), to LLOYD V. BLACKMORE JR.

known as Grantees, as joint tenants, and recorded as instrument number

on the 19 day of APRIL, in Book 494 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 address)

LOT 9 A1 AS SHOWN ON PARCEL MAP #3 FOR WALTER
MOLINE, FILED FOR RECORD - COUNTY RECORDER OF
DOUGLAS COUNTY, NEVADA ON APRIL 19, 1994
IN BOOK 494 PAGE 3588, AS DOCUMENT NO.
335561

WARNING: THE COUNTY RECORDER MAY CHARGE AN ADDITIONAL FEE IF YOU WRITE WITHIN THE 1" MARGINS OF THIS DOCUMENT OR VIOLATE ANY OTHER RECORDING REQUIREMENTS IMPOSED BY YOUR COUNTY RECORDER.

In Witness Whereof, I/We have hereunto set my/our hand(s) this 12 day of DECEMBER 20 05.

Lloyd V. Blackmore Jr.
Signature

Signature

LLOYD V. BLACKMORE JR.
Print or type name here

Print or type name here

STATE OF Nevada)
COUNTY OF Douglas)
On this 12 day of December, 20 05, personally appeared
before me, a Notary Public, Lloyd V. Blackmore Jr
 personally known to me OR proved to me on the basis of satisfactory evidence to be the
person(s) described in and who executed the foregoing instrument in the capacity set forth therein,
who acknowledged to me that they executed the same freely and voluntarily and for the uses and
purposes therein mentioned. Witness my hand and official seal.

Mandee S. Guariglia
Notary Public
My commission expires: 8/23/2006

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



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Lina		Eileen STROUP		2. November 11, 2005		3a. Douglas	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate ODA, OP/Emer. Rm. Inpatient (Specify)		SEX	
3b. Gardnerville		3c. 1905 Currant Court		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.		7a. 85		aOctober 22, 1920	
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. California		9b. U.S.A.		10. 14 years		12. widowed	
13. [REDACTED] 7170		14a. Homemaker		14b. Own Home		SURVIVING SPOUSE (If wife, give maiden name)	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Gardnerville		15d. 1905 Currant Ct.	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		INSIDE CITY LIMITS (Specify Yes or No)		15e. yes	
16. George H. Seal		17. Lucreta Scofield					
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Lloyd Blackmore - Son		18b. 1905 Currant Ct., Gardnerville, NV 89410					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Cremation		19b. FitzHenry's Crematory		19c. Carson City, NV			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. [Signature]		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.					
(Signature and Title)		(Signature and Title)					
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
11/21/2005		21c. 0900		22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22c. PRONOUNCED DEAD (Hour)	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. ON		22e. AT			
21d.							
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER					
23a. Joseph Stevenson, M.D., 704 W. Nye Ln., Carson City, NV 89703		23b. 974					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. [Signature]		24b. November 29, 2005		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 (a) Chronic Obstructive Pulmonary Disease		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c)		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No)		27. Yes	
PART II				26. 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. M		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. 325266

091568

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: NOV 23 2005

This copy is not valid unless prep

STATE REGISTRAR

BK- 1205

PG- 4701

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