APN: 1320-32-210-002
Recording requested by and mail documents and tax statements to:

Name: Charles W. Gillies

Address: PO Box 579

City/State/Zip: Minden, NV 89423-0579

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

www.legalformsrus.com

DOC # 0666037 01/19/2006 12:48 PM Deputy: BC OFFICIAL RECORD Requested By: DEBRA VANEGAS

> Douglas County - NV Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00 BK-0106 PG-6436 RPTT: 0.00



AFFIDAVIT-TERMINATION OF JOINT TENANT

Death of a Joint Tenant

l, Charles W. Gillies, a married man the Affiant, being of legal age, and being first duly sworn, deposes and says: That Ruby M. Gillies, an unmarried woman the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as, Ruby M. Gillies named as one of the parties in that certain (type of deed) <u>Individual</u> Grant Deed 1993 __, and executed by __ dated on the 19th day of August Ruby M. Gillies and Debra D. Vanegas known as Grantor(s), to Ruby M. Gillies and Charles W. Gillies known as Grantees, as joint tenants, and recorded as instrument number 315469 in Book 0893 pg. 3748 of Official on the 19th day of August County, Nevada, covering the following described Records of Douglas property situated in the City of ___Minden , County of Douglas State of Nevada. (Set forth legal description and commonly known address) Lot 3, in Block 1, as shown on the map of WILDROSE SUBDIVISION NO. 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on December 5, 1966. in Book 46, Page 286, as Document No. 34825. A.P.N. 25-241-11 changed to A.P.N. 1320-32-210-002 Commonly known as 1549 Wildrose Drive, Minden, Nevada

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.

Affidavit-Termination of Joint Tenant

Page 1 of 2





CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH VITAL STATISTICS



		Ì	CERTIFICATE	OF DEAT	п		1 1			
	LOCAL FILE NUMBER	LOCAL FILE NUMBER					STATE FILE NUMBER			
TYPE	DECEASED—NAME First	Middle	Last	DA	TE OF DEATH (Month, Day, Year)	CC	DUNTY OF DEATH		
R PRINT	1. Ruby	Madeleine	GILLIES	2.	Januar	y 2, 2005		L Douglas		
RMANENT ACK INK	CITY, TOWN OR LOCATION OF DEA		INSTITUTION -Name (If not el	ther, give street a	and number)	If Hosp, or Inst, indic	ate DOA, OP/Em	ier. SEX		
	₃ Gardnerville	3c. Evergree	n Gardnervill	e Care		∞ Inpatie	nt	4. Fema	ale	
CEDENT	RACE—(e.g., White, Black, American indian, etc.) (Specify)		in? Specify ☐ yes 🖾 no If yes,	AGE-Last Birthday (Years	UNDER 1 Y	EAR UNDER I	DAY DATE C	OF BIRTH (Mo., Day, Y	r.)	
	Indian, etc.) (Specify) 5. White	specify Mexican, Cuban, Puero 6.	nican, ec.	7a. 89	7b.	7c,	i i	cember 14.	1915	
E COLUMN	STATE OF BIRTH	Decedent's Education. Specify highest		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED		SURVIVING SPOUSE (If wife, give maiden name)				
EF DEATH CCURRED IN INSTITUTION	(If not U.S.A., name country) 9a. California		TRY grade completed. 9b. U.S.A. 10. 18			lowed	12.	12.		
EE HANDBOOK	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Giv	e Kind of Work Done During Mo			ESS OR INDUSTRY	J			
REGARDING IMPLETION OF		Working Life, Even if Retire 14a.			14b. K — 1	2/Specia	l Fduca:	rion	M	
IDENCE ITEMS	13. RESIDENCE— <i>STATE</i> 0	OUNTY	Teacher Tony, Town, OR LOCATION	E	STREET	AND NUMBER	L Educa	INSIDE CITY LIMITS	- 75	
					154 1 6			(Specify Yes or No) 15e. ♥p.c		
	15a. Nevada 11 FATHER NAME First	5b Douglas	15c. Minden	HER-MAIDEN N		549 Wildre	Middle	15e. Yes	/	
RENTS	_			·				411		
	16. Pierre INFORMANT—NAME (Type or Print)		Boncquet 17.	<u> </u>	Mary (Street or B.)	7 JO: F.D. No., City or Town	sephine n. State. Zin)	Allaeys	<u> </u>	
				· //	7	/		400		
•	18a. Charles W. G		18b. P.O. BOY OR CREMATORY—NAME			iden, Neva	ada 894 City or Town	423 State		
	BURIAL, CREMATION, REMOVAL, C		The state of the s	Walton'	- APT		,			
POSITION	19a Cremation	19b.	Carson Sierra	Cremato	ory			<u>Nevada</u>		
CONTON	FUNERAL DIRECTOR—SIGNATURA (Or Person Acting as Such)	FUNERAL LICENSE	DIRECTOR NAME AND ADD			•		on & Buria		
ŧ l	20a > ammy 1 S	21m67/14. 0		y 1614	N. Curi	y St. Ca:	rson Çi	<u>ty. NV. 89</u>	<u> </u>	
1	Z 21a. To the best of my/knowler due to the causers) stated	dge, death coourred at the time, date	and place and	22a.	On the basis of at the time, date	examination and/or in and place and due t	o the cause(s) ar	y opinion death occurred manner stated.	eq	
	60 / / N	a.Mus	fla IV		nature and Title)					
	DATE SIGNED (Mo., Day	, Yr.) HOUR OF DE	ATH	DAT	TE SIGNED (Mo.,	Day, Yr.)	HOUR OF DEA	ATH		
	Eg 21b. //	1/05 21a 01:	:35	8 g 22b.			22c			
TIFIER	NAME OF ATTIMOUNG	HYSICIAN IF OTHER THAN CERTI	FIER (Type or Print)	8 5 PRC	ONOUNCED DEA	D (Mo., Day, Yr.)	PRONOUNCE	D DEAD (Hour)		
a a a a a a a a a a a a a a a a a a a	PER DI ATTENDING	\	/	22d	. ON		22e, AT		96	
DITIONS	NAME AND ADDRESS O	F CERTIFIER (PHYSICIAN, ATTEN	DING PHYSICIAN, MEDICAL EX	AMINER, OR CO	ORONER). (Type	or Print.)	LICE	NSE NUMBER	01 64	
• [234 Andrea M	iller M.D. 1374	Bridle Way M	linden.	Nevada	89423	23b.	8912		
S S	REGISTRAR	1	DATE RECEN	ED BY REGIST	RAR (Mo., Day, Y	r.) DEATH DUE TO	COMMUNICABL	E DISEASE	ار <u>ب</u>	
FANY	24a. (Signature)	inie Evin	a_ 1240 lan	vary	4,2005	24c. YES□	Мод		AK DK	
ANY H GAVE SE TO EDIATE		ER ONLY ONE CAUSE PER LINE F	OR (a), (b), AND (c).)	-/-			• Interva	between onset and o	tea	
AUSE EING THE		to all a so	houle	./	<u>د</u>		:			
ERLYING BE LAST	PART (a) DUE TO, OR AS A C	ONSEQUENCE OF:	- Justin				• Interva	l between onset and o	keā 💳	
	1	0 44 0 4 4 0	1. 0. 0.	2						
	DUE TO, OR AS O	MULLIAN C	www				Interva	il between onset and o	dea	
	(OUE TO, OH ASA	CHICAGOENICE OF.			\	1	:			
USE OF	(c)	ONDITIONS—Conditions contributing	to death but not sometime in the	undertylna carres	niven in Don 1	AUTOPSY (Specify WAS C	ASE REFERRED TO	- =	
EATH	PART OTHER SIGNIFICANT CO	UNUITEDNS—Conditions contributing	In cession and not learning in the	D D L	2.	Yes		ASE REFERRED TO NER (Specify Yes or N	(o)	
	ac	auces	Me		20	26. NO	27. N C	<u> </u>	- =	
[\ [OR PENDING INVEST.	DATE OF INJURY (Mo., Day, Yr.) HOU	IR OF INJURY DESCR	BE HOW INJUR	A OCCURRED					
	(Specify) 28a.	286. 286.	M 28d.				AIM . AF		- =	
∦ 1	INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, building, etc. (St	street, factory, office LOCAT	JON.	STREET OR R.	F.D. No.	CITY OR TOWN	STATE		
Į Į	76.	28f.	28g.					<u>. </u>	_ =	
# #							No '	272055	; ≡	
		STATE R	EGISTRAR			ļ	No. 2	272055		
THE REAL PROPERTY.	Management of the Control of the Con	CIAILIII						STATISTICAL CO.	AL.	

33882 CERTIFIED COPY OF VITAL RECORDS

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

JAN - 4 2005

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



In Witness Whereof, I/We have hereunto set my/or	er hand(s) this / Hoday of January						
2006.	, mana(s) and <u></u> ,						
Signature Charles W. Gilles Print or type name here	Signature Print or type name here						
STATE OF) Nevada							
ICOUNTY OF Douglos							
On this 19 day of January	, 20 0 6 , personally appeared						
	rillies						
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.							
purposes therein managines, transcently transcently	(1000000000000000000000000000000000000						
	NOTARY PUBLIC						
	STATE OF NEVADA County of Douglas						
Sough Henezis King	No. 05-100008-5 SARAH MENEZES KING						
Notary Public	My Appointment Expires March 31, 2009						
My commission expires: 03 -31-2009							
Consult an attorney if you doubt this forms fitness f	or your purpose.						

Affidavit-Termination of Joint Tenant

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