

Douglas County - NV  
Werner Christen - Recorder

A.P.N.: 1220-03-211-013  
File No: 143-2318364 (MK)

Page: 1 Of 2 Fee: 15.00  
BK-0407 PG- 5031 RPTT: 0.00



When Recorded return to, and mail Tax Statements to:  
Duane Ralph Petite  
1067 Helman  
Gardnerville NV 89410

**AFFIDAVIT - TERMINATING JOINT TENANCY**

Duane Ralph Petite, of legal age, being first duly sworn, deposes and says:

That **Dorthy V. Petite**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Dorthy Violet Petite** named as one of the parties in that certain **Grant Deed** dated **4/3/06** executed by **Mark C. Johnson and Jennifer L. Johnson** to **Francis D. Petite and Dorthy V. Petite, husband and wife as joint tenants** as joint tenants, recorded as Document No. **0674099** on **May 3, 2006** in Book **0506** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

**LOT 13, BLOCK D, AS SET FORTH ON FINAL SUBDIVISION MAP LDA 01-047, PLANNED UNIT DEVELOPMENT FOR ARBOR GARDENS, PHASE 2, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON JUNE 30, 2004 IN BOOK 0604, PAGE 14661, AS DOCUMENT NO. 617515, AND BY CERTIFICATE OF AMENDMENT RECORDED JULY 22, 2004, BOOK 0704, PAGE 9327, AS DOCUMENT NUMBER 619458.**

*Duane Ralph Petite* 4/14/07  
Duane Ralph Petite Date

STATE OF **NEVADA** )  
 )  
 ) :SS.  
COUNTY OF **DOUGLAS** )

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_

*April 16, 2007*

Duane Ralph Petite

*Mary Kelsh*  
\_\_\_\_\_  
Notary Public

(My commission expires: 11-6-2010)



THIS INSTRUMENT IS BEING RECORDED AS AN ACCOMMODATION ONLY, NO LIABILITY, EXPRESS OR IMPLIED, IS ASSUMED AS TO ITS REGULARITY OR SUFFICIENCY, NOR AS TO ITS AFFECT, IF ANY, UPON TITLE TO ANY REAL PROPERTY DESCRIBED THEREIN.

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF ORANGE**

**HEALTH CARE AGENCY**

1200 N. MAIN STREET, SUITE 100-A  
SANTA ANA, CA 92701

**CERTIFICATE OF DEATH**

3 2006 30 009327

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		3. LAST (Family)	
DORTHY		PETITE	
2. MIDDLE		VIOLET	
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			
4. DATE OF BIRTH mm/dd/yyyy		6. AGE Yrs.	
10/20/1924		81	
8. BIRTH STATE-FOREIGN COUNTRY		11. EVER IN U.S. ARMED FORCES?	
WI		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>	
10. SOCIAL SECURITY NUMBER		12. MARITAL STATUS (at Time of Death)	
[REDACTED]		MARRIED	
13. EDUCATION - Highest Level Degree (See worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
HS GRADUATE		WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		19. YEARS IN OCCUPATION	
HOMEMAKER		60	
20. DECEDENT'S RESIDENCE (Street and number or location)			
541 PRINCETON CIRCLE EAST			
21. CITY		25. STATE-FOREIGN COUNTRY	
FULLERTON		CA	
22. COUNTY/PRECINCT		26. YEARS IN COUNTY	
ORANGE		50	
23. ZIP CODE		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)	
92831		1067 HELMAN DR. GARDNERVILLE, NV 89410	
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE	
FRANCES		DONALD	
30. LAST ( Maiden Name)		31. NAME OF FATHER - FIRST	
PETITE		FRED	
32. MIDDLE		33. LAST	
JULIUS		SMITH	
34. BIRTH STATE		35. NAME OF MOTHER - FIRST	
WI		EDITH	
36. MIDDLE		37. LAST ( Maiden)	
E.		UNK	
38. BIRTH STATE		39. PLACE OF FINAL DISPOSITION	
ND		LOMA VISTA MEMORIAL PARK 701 BASTANCHURY FULLERTON, CA. 92835	
40. DISPOSITION DATE mm/dd/yyyy		41. TYPE OF DISPOSITION(S)	
07/12/2006		CR/BU	
42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
NOT EMBALMED		-	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	
MCAULAY & WALLACE MORTUARY		FD190	
46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
[Signature]		07/10/2006	
101. PLACE OF DEATH		102. IF HOSPITAL SPECIFY ONE	
TERRACE VIEW CONV.		<input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	
ORANGE		201 BASTANCHURY	
106. CITY		FULLERTON	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?	
Enter the chain of events - disease, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or venous/arterial fibrillation without showing the etiology. DO NOT ABBREVIATE.		Time Interval Between Onset and Death (M) MINS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Y) YRS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IMMEDIATE CAUSE (A) (First disease or condition resulting in death) → CARDIORESPIRATORY ARREST		109. BODYSY PERFORMED?	
(B) CHRONIC OBSTRUCTIVE PULMONARY DISEASE (C) (D)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			
NONE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)			
NO			
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	
Decedent Attended Since mm/dd/yyyy 07/03/2006		M.D. R. BHAVSAR M.D. 1321 N. HARBOR BLVD. #302 FULLERTON, CA. 92835	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. DATE mm/dd/yyyy	
R. BHAVSAR M.D. 1321 N. HARBOR BLVD. #302 FULLERTON, CA. 92835		07/10/2006	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		119. LICENSE NUMBER	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		C50717	
120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		-	
122. HOUR (24 Hours)		123. PLACE OF INJURY (e.g., home, communication site, wooded area, etc.)	
-		-	
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	
[Signature]		-	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		129. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
-		-	
STATE REGISTRAR		FAX AUTH. #	
A B C D E		6260S	
		CENSUS TRACT	

BK- 0407  
 PG- 5032  
 Page: 2 of 2 04/17/2007  
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CERTIFIED COPY OF VITAL RECORDS

JUL 19 2006



STATE OF CALIFORNIA  
COUNTY OF ORANGE

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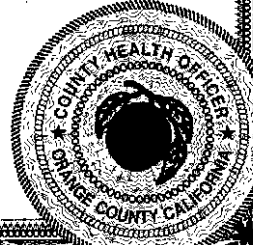
DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

*Hildy Meyers, M.D.*

HILDY MEYERS, M.D.  
INTERIM HEALTH OFFICER  
ORANGE COUNTY, CALIFORNIA

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE