

APN: 1220-16-210-084

When Recorded Mail To:

✓  
ROWE & HALES, LLP  
James R. Hales, Esq.  
P.O. Box 2080  
Minden, NV 89423

Send Tax Statements To:

Eston D. Baker  
1286 Manhattan Way  
Gardnerville, NV 89460

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 3 Fee: 16.00  
BK-0807 PG-01967 RPTT: 0.00



**AFFIDAVIT OF TERMINATION OF JOINT TENANCY  
(Death of Joint Tenant)**

Eston D. Baker, being of legal age and being first duly sworn, deposes and says:

Affiant was the husband of Carol E. Baker, up to and until her death.

Carol E. Baker died on the 4<sup>th</sup> day of June, 2007, in Douglas County, Nevada.

Carol E. Baker, the decedent mentioned in the attached certified copy of Certificate of Death, is named as one of the parties in that certain Grant, Bargain, Sale Deed, dated the 21<sup>st</sup> day of June, 1900, executed by Barbara J. Bidart and Michael P. Bidart, Grantors, to Eston D. Baker and Carol E. Baker, Grantees, holding title as "Husband and Wife as Joint Tenants", recorded as Instrument No. 229544 on the 3rd day of July, 1990, in Book 790, Page 361 of the Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

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Lot 17 in Block C as said Lot and Block are shown on the Amended Map of Ranchos Estates, filed in the office of the County Recorder of Douglas County, Nevada, October 30, 1972, as Document No. 62493.

Per NRS 111.312, this legal description was previously recorded at Document No. 229544 in Book 790, Page 361, on July 3, 1990.

Pursuant to NRS 239B.030(4), I affirm that this instrument does not contain the social security number of any person, in that the social security number has been redacted from the Death Certificate.

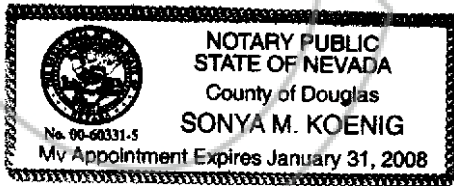
IN WITNESS WHEREOF, I have hereunto set my hand this 3 day of Aug, 2007.

  
Eston D. Baker

STATE OF NEVADA        )  
                                  ) ss.  
COUNTY OF DOUGLAS    )

This instrument was acknowledged before me on the 3<sup>rd</sup> day of August, 2007, by Eston D. Baker.

WITNESS my hand and official seal.



  
NOTARY PUBLIC

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**2007002953**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

**DECEDENT**

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

**PARENTS**

**DISPOSITION**

**TRADE CALL**

**CERTIFIER**

**REGISTRAR**

**CAUSE OF DEATH**

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME FIRST Carol			1b. MIDDLE Elaine			1c. LAST <b>BAKER</b>			2. DATE OF DEATH (Mo/Day/Year) June 04, 2007			3a. COUNTY OF DEATH Douglas					
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville				3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Carson Valley Medical Center				3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) Inpatient			4. SEX Female						
5. RACE (e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic			7a. AGE-Last birthday (Years) 79		7b. UNDER 1-YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) September 18, 1927					
9a. STATE OF BIRTH (If not U.S.A. name country) California			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Eston BAKER						
13. [REDACTED]				14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Teacher				14b. KIND OF BUSINESS OR INDUSTRY Education									
15a. RESIDENCE- STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Gardnerville			15d. STREET AND NUMBER 1286 Manhattan Way			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER - NAME (First Middle - Last - Suffix) Lewis BOVEE						17. MOTHER - NAME (First Middle - Last - Suffix) Mildred CORP											
18a. INFORMANT - NAME (Type or Print) Eston BAKER						18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1286 Manhattan Way, Gardnerville, Nevada 89460											
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation				19b. CEMETERY OR CREMATORY - NAME FitzHenry's Crematory				19c. LOCATION City or Town State Carson City Nevada 89701									
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410											
TRADE CALL - NAME AND ADDRESS																	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) [Signature]						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) stated. (Signature & Title) <b>GREG HUBBARD</b> SIGNATURE AUTHENTICATED											
21b. DATE SIGNED (Mo/Day/Yr) June 07, 2007				21c. HOUR OF DEATH 08:56				22b. DATE SIGNED (Mo/Day/Yr) June 07, 2007				22c. HOUR OF DEATH 08:56					
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr) June 04, 2007						22e. PRONOUNCED DEAD AT (Hour) 08:56					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Greg Hubbard, P.O. Box 218 Minden, NV 89423										23b. LICENSE NUMBER 262							
24a. REGISTRAR (Signature) <b>MIKE NEUMANN</b> SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 08, 2007			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))																	
PART I (a) <b>Respiratory Failure</b> Interval between onset and death																	
DUE TO, OR AS A CONSEQUENCE OF																	
(b) <b>Due to Exacerbation Pulmonary Fibrosis</b> Interval between onset and death																	
DUE TO, OR AS A CONSEQUENCE OF																	
(c) Interval between onset and death																	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I										26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)			28b. DATE OF INJURY (Mo/Day/Yr)			28c. HOUR OF INJURY			28d. DESCRIBE HOW INJURY OCCURRED:								
28e. INJURY AT WORK (Specify Yes or No)			28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)			28g. LOCATION			STREET OR R.F.D. No.			CITY OR TOWN			STATE		

STATE REGISTRAR



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BK- 0807  
PG- 1969

150158 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:

06/11/2007

SIGNATURE OF REGISTERAR

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

BBNCO (Rev) 11/06

