

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 3 Fee: 16.00  
BK-1007 PG- 1873 RPTT: 0.00



APN# 1220-22-110-100

Recording Requested by:  
Name: First American Title Insurance Company  
Address: 1673 Lucerne Street, Suite A  
City/State/Zip: Minden, NV 89423  
Order Number: 143-2337882

Affidavit - Terminating Joint Tenancy (for Recorder's use only)  
(Title of Document)

**Recorder Affirmation Statement**

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 440.380  
(State specific law)

Mary Kelsh / ESROW OFFICER  
Signature um Title  
MARY KELSH  
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)

A.P.N.: 1220-22-110-100  
File No: 143-2337882 (MK)

When Recorded return to, and mail Tax Statements to:  
Mr Barron  
98825 Pleasant Hill Dr #12  
Brookings, OR 97415

### AFFIDAVIT - TERMINATING JOINT TENANCY

**Edward Lee Barron**, of legal age, being first duly sworn, deposes and says:

That **Mildred Rose Barron**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Mildred Rose Barron** named as one of the parties in that certain **Grant Bargain Sale Deed** dated **April 24, 2001** executed by **Thomas O. Russell and Marjorie A. Russell, husband and wife as joint tenants to Edward Lee Barron and Mildred Rose Barron** as joint tenants, recorded as Document No. **0514179** on **May 15, 2001** in Book **0501** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

**LOT 23, AS SHOWN ON THE OFFICIAL MAP OF GARDNERVILLE RANCHOS UNIT NO. 5, FILED FOR RECORD ON NOVEMBER 4, 1970 IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 50056.**

Edward Lee Barron 10-2-07  
Edward Lee Barron Date

STATE OF **NEVADA** *Curry* )  
COUNTY OF **DOUGLAS** *Oregon* ) :ss.

This instrument was acknowledged before me on  
10-2-2007 by

Edward Lee Barron  
*[Signature]*  
Notary Public  
(My commission expires: Aug 19, 2011)

SEAL



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

TYPE OR PRINT IN PERMANENT BLACK INK  
PRECEDENT  
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  
PARENTS  
PROPOSITION  
CERTIFIER  
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST  
CAUSE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Mildred Rose BARRON		2. October 29, 2006	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Gardnerville		3a. Douglas	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
3c. 756 East Peak Lane		3e. 4. Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		AGE—Last Birthday (Years)	
5. White		7a. 62	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		UNDER 1 YEAR MOS : DAYS	
6.		7b. :	
STATE OF BIRTH (If not U.S.A., name country)		UNDER 1 DAY HOURS : MINS	
9a. Massachusetts		7c. :	
CITIZEN OF WHAT COUNTRY		DATE OF BIRTH (Mo., Day, Yr.)	
9b. U.S.A.		8. December 23, 1943	
Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
10. 14 Years		11. Married	
SOCIAL SECURITY NUMBER		SURVIVING SPOUSE (If wife, give maiden name)	
13. [REDACTED]		12. Edward Barron	
USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
14a. Assistant Manager		14b. Hotel Industry	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Gardnerville	
COUNTY		STREET AND NUMBER	
15b. Douglas		756 East Peak Lane	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Walter Henry Davis		17. Mildred Rose Dilworth	
INFORMANT—Name (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Edward Barron - Husband		18b. 756 East Peak Lane, Gardnerville, Nevada 89460	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. FitzHenry's Crematory	
FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting as Such)		LOCATION City or Town State	
20a. [Signature]		19c. Carson City, Nevada	
FUNERAL DIRECTOR'S LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20b. 217		FitzHenry's Carson Valley Funeral	
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.	
21b. 10/31/2006		21c. 09:10	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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.	
23a. Stephen Hewitt M.D., 1090 3rd St. #1, South Lake Tahoe, NV 96150		22b. [Signature]	
23b. 1107		22c. DATE SIGNED (Mo., Day, Yr.)	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. [Signature]		24b. October 31, 2006	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		DEATH DUE TO COMMUNICABLE DISEASE	
(a) (b) (c) Chronic Cancer		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART I DUE TO, OR AS A CONSEQUENCE OF.		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF.		3 mos	
(c) DUE TO, OR AS A CONSEQUENCE OF.		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.		AUTOPSY (Specify Yes or No)	
26. No		27. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a.		28b.	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c.		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e.		28f.	
LOCATION.		STREET OR R.F.D. No.	
28g.		CITY OR TOWN	
		STATE	



142915

STATE REG



No. 345088

BK- 1007  
PG- 1875

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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: OCT 31 2006

[Signature]

STATE REGISTRAR

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