DOC # 0716837
01/25/2008 03:15 PM Deputy: GI
OFFICIAL RECORD
Requested By:
NEAL MURRAY

APN# 1220-16-310-066
Mail tax statements to:
When recorded mail to:
NEAL MURRAY

✓ 51 Piazza Tasso, Unit C
Freehold, NJ 07728

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0108 PG-5252 RPTT: 0.00

## AFFIDAVIT TERMINATING COMMUNITY PROPERTY WITH RIGHT OF SURVIVORSHIP

STATE OF NEVADA	) /
	) ss.
COUNTY OF DOUGLAS	) \

NEAL MURRAY, SR., Affiant, being first duly sworn upon oath says:

- 1. That Affiant is over the age of twenty one (21) years and is competent to be a Witness as to the matters hereinafter stated.
- 2. That he is the son of CHARLES MURRAY who died on December 23, 2002, in Carson City County, Nevada.
- 3. That he is the step son of, and is named as the Executor of, the Last Will and Testament of CHARLES MURRAY'S widow CATHARINA E. MURRAY, who died on November 24, 2007, in Douglas County, Nevada.
- 4. That CATHARINA E. MURRAY was the sole remaining spouse holding community property with right of survivorship named in that certain Deed recorded in Douglas County, Nevada, of all that real property situate in Gardnerville, County of Douglas, State of Nevada described as follows:

LEGAL DESCRIPTION: LOT 82, IN BUILDING K, AS SET FORTH ON THE MAP OF SEQUOIA VILLAGE TOWNHOUSE 1 FILED ON NOVEMBER 14, 1974, IN BK 1179, PG 776 AS DOC. NO. 38712; AND CERTIFICATE OF AMENDMENT FILED ON JULY 14, 1980 AS DOC. NO. 46136; AND LAST RECORDED ON MAY 10, 1996, IN BK 596, PG 1774 AS DOC. NO. 387486 IN THE OFFICE OF THE DOUGLAS COUNTY NEVADA RECORDER. APN 1220-16-310-066

- 5. That the community property with right of survivorship was created on May 10, 1996, and filed as Document No. 387486 in Douglas County, Nevada
- 6. That CHARLES MURRAY was one of the community property with right of survivorship holders on said deed and is the identical person named as the decedent on that certain Death Certificate, a certified copy of which is attached hereto and made a part hereof, which person died on December 23, 2002 in Carson City County, Nevada.

  Affiant acknowledges that he understands that the filing of a false affidavit constitutes a felony in the State of Nevada.

7. Further Affiant sayeth naught.

Dated this 17 day of December, 2007

SUBSCRIBED AND SWORN to before me

this 1 day of 1

NOPARY PUBLIC in and for said

State and County

DONNA KNOLL SHAWHAN NOTARY PUBLIC STATE OF NEVADA

Opt. Recorded in Douglas County
My Appt. Expires June 9, 2010
No: 94-4054-5

## STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

**DIVISION OF HEALTH** VITAL STATISTICS

STATE OF NEVADA --- DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

2002 0 0 1 7 0 5 0

**CERTIFICATE OF DEATH** LOCAL FILE NUMBER / " STATE FILE NUMBER DECEASED--NAME COUNTY OF DEATH . First DATE OF DEATH (Month, Day, Year) 3a Carson City 2 December 23, 2002 MURRAY Charles if Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) CITY, TOWN OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION-Name (If not either, give street and number) 4 Male Inpatient Carson City 3c. Carson Tahoe Hospital 36. Was Decedent of Hispanic Origin? Specify ☐ yes to ft yes, Sirthday (Years) Specify Mexican, Cuban, Puerto Rican, etc. RACE—(e.g., White, Black, American Indian, etc.) (Specify) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (Mo., Day, Yr.) MOS DAYS HOURS MINS White 7a. 78 \*May 13, 1924 7¢. STATE OF BIRTH CITIZEN OF WHAT COUN-MARRIED, NEVER MARRIED, WIDOWED, DIVORCED SURVIVING SPOUSE (If wife, give maiden no Decedent's Education. Specify highest grade completed. U.S.A. (If not U.S.A., name country) Catharina von den Hoek (Specify) Married 9a. Missouri 10. USUAL OCCUPATION (Give Kind of Work Done During Most of 156 KIND OF BUSINESS OR INDUSTRY Working Life, Even if Retired)

Teacher

14a. Education SOCIAL SECURITY NUMBER STREET AND NUMBER
1278 Redwood Circle (Specify Yes or No)
150 #4 15e. Yes BESIDENCE—STATE CITY, TOWN, OR LOCATION Douglas ( Gardnerville Clarence Murray INFORMANT—NAME (Type or Print) MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1278 Redwood Circle #4, Gardnerville, NV 89410 Catharina Murray - Wife BURIAL, CREMATION, REMOVAL, OTHER (Specify) CEMETERY OF CREMATORY—NAME 19b FitzHenry's Crematory Carson City, Nevada Cremation # 15 25 FUNERAL DIRECTOR NAME AND ADDRESS OF FACILITY Fizhenry S Carson Valley Funeral 217 Home, 1380 Hwy 395, Gardnerville, NV 89410 48 20b. best of my knowledge, death occurred at the time, date and place and 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. DATE SIGNED (Mo, Day, Yr.) HOUR OF DEATH HOUR OF DEATH B 22h 22h DEAD (Mo. - Day, 2130 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) PRONOLINGED DEAD (Hour) NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OF CORONER). (Type or Print.) LICENSE NUMBER 23a Robert Fliegler, M.D., 775 Fleischmann Way, Carson City, NV 89703 23b DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE BEGISTRAE RESPIRATORY OF DUE TO, OR AS A CONSEQUENCE OF DUE TO/ OR AS A CONSEQUENCE OF: Interval between onset and death (Specify | WAS CASE REFERRED TO Yes or No) | CORONER (Specify Yes or No) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY 26. **no** 27. yes DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED INJURY AT WORK PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) LOCATION. STREET OR R.F.D. No. CITY OR TOWN No.231067

STATE REGISTRAR

Page: 3 Of 3

5254 PG-01/25/2008

187578

TYPE OR PRINT IN

FRMANEN

BLACK INK

**ECEDENT** 

IE DEATH

OCCURRED IN INSTITUTION SEE HANDBOOK

REGARDING COMPLETION OF ESIDENCE ITEMS

ARENTS

SPOSITION

ERTIFIER

AUSE OF

DEATH

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:

JAN 2 4 2008

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

-CERTIFIED COPY OF VITAL

