

APN 1220-12-310-044

✓ When Recorded Return and Mail Tax Statements To:  
Jean Homer  
1067 Arroyo Drive  
Gardnerville, NV 89410

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 Of 2 Fee: 15.00  
BK-1008 PG-3002 RPTT: 0.00

**AFFIDAVIT OF TERMINATION OF JOINT**



STATE OF NEVADA )  
 )§  
COUNTY OF DOUGLAS )

*Tenancy*

JEAN HOMER, of legal age, being duly sworn, deposes and says:

1. That DONALD R. HOMER, the decedent mentioned in the attached certified copy of certificate of death, was, until his death, and is the same person as DONALD R. HOMER, named as one of the parties in that certain Grant, Bargain, Sale Deed by and between DONALD R. HOMER and JEAN HOMER, Husband and Wife, as Joint Tenants, found in the official records of Douglas County, State of Nevada, as document number 189889, Book 1188, Page 356, concerning the real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 49, as shown on the map of the PINENUT SUBDIVISION, UNIT NO.1, Filed in the Office of the County Recorder of Douglas County, Nevada, on June 11, 1963, in Book of Maps, as File No. 22783.

**Assessor's Parcel Number 1220-12-310-044**

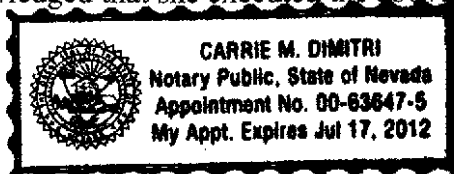
2. That this affidavit is executed and recorded for the purposes of terminating the interest of said Donald R. Homer in and to the hereinabove-described real property.

Dated this 22<sup>nd</sup> day of September 2008.

*Jean Homer*  
JEAN HOMER

On this 22<sup>nd</sup> day of September 2008 personally appeared before me, a Notary Public, Jean Homer, personally known or proved to me to be the person whose name is subscribed to the above instrument and who acknowledged that she executed the above instrument.

*[Signature]*  
NOTARY PUBLIC



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

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

**2008010382**  
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,MIDDLE,LAST,SUFFIX) <b>Don R HOMER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>June 27, 2008</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>1067 Arroyo Drive</b>		3a. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify)	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>80</b>	
7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>July 06, 1927</b>	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Jean KNAUER</b>			
13. SOCIAL SECURITY NUMBER <b>██████████ 8056</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Carpenter</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Carpentry</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1067 Arroyo Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER - NAME (First Middle Last Suffix) <b>Norman HOMER</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Mary SECKLICK</b>		
18a. INFORMANT- NAME (Type or Print) <b>Jean HOMER</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1067 Arroyo Drive Gardnerville, Nevada 89410</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden Nevada 89423</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b>		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410</b>	
20a. SIGNATURE AUTHENTICATED					
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) <b>STEPHEN J HEWITT DO</b>			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)		
21b. DATE SIGNED (Mo/Day/Yr) <b>July 07, 2008</b>			21c. HOUR OF DEATH <b>15:55</b>		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22b. DATE SIGNED (Mo/Day/Yr)		
			22c. HOUR OF DEATH		
			22d. PRONOUNCED DEAD (Mo/Day/Yr)		
			22e. PRONOUNCED DEAD AT (Hour)		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Dr. Stephen J Hewitt DO 1090 3rd Street #1 South Lake Tahoe, CA 89449</b>					23b. LICENSE NUMBER <b>1107</b>
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b>			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 10, 2008</b>		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>Metastatic Melanoma</b>			Interval between onset and death <b>Years</b>		
(b) DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
(c) DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		
(d)			Interval between onset and death		
PART II					26. AUTOPSY (Specify Yes or No) <b>No</b>
					27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>
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- 1008  
PG- 3003

VRS-Rev-2008T

221518 CERTIFIED COPY OF VITAL RECORDS

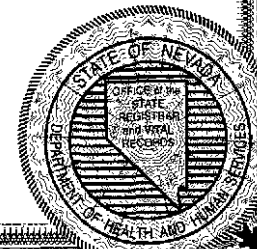
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **JUL 10 2008**

STATE REGISTRAR

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

FBNCO (REV) 11/06



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE