

OFFICIAL RECORD

Requested By:

MARILYN S. AUSTIN

APN# 1220-09-410-009

Mail tax statements to:

When recorded mail to:

MARILYN S. AUSTIN

1233 SIERRA VISTA DR.

GARDNERVILLE, NV 89460

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0509 PG- 2073 RPTT: 0.00



AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
)
COUNTY OF DOUGLAS) ss.

MARILYN S. AUSTIN, 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 she is the widow of JOHN M. AUSTIN who died on February 22, 2009, at Gardnerville, Douglas County, Nevada.

3. That she, is named as one of the Joint Tenants, and is the sole remaining Joint Tenant named in that certain Deed recorded in Douglas County, Nevada, of all that real property situate in the County of Douglas, State of Nevada, described as follows:

LEGAL DESCRIPTION

ALL THAT REAL PROPERTY SITUATE IN GARDNERVILLE, COUNTY OF DOUGLAS, STATE OF NEVADA, DESCRIBED AS LOT 9, AS SHOWN ON THE FINAL MAP OF SILVERRANCH UNIT 1-A, FILED IN THE OFFICE

OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON 01/03/94,
IN BOOK 194, PAGE 256 AS DOCUMENT NO. 326668; AND ON 08/03/98,
IN BOOK 898, PAGE 328 AS DOCUMENT NO. 446118. APN 1220-09-410-009

4. That the Joint Tenancy was created on 08/03/1998, filed as Document No. 446118
in Book 898, Page 328.
5. That JOHN M. AUSTIN was one of the Joint Tenants on the 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 February 22, 2009 in Douglas
County, Nevada.

Affiant acknowledges that she understands that the filing of a false affidavit
constitutes a felony in the State of Nevada. Further Affiant sayeth naught.

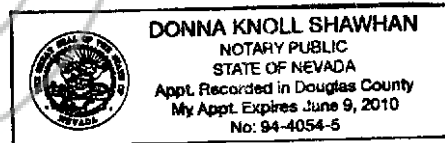
Dated this 9 day of May, 2009

Marilyn S. Austin
MARILYN S. AUSTIN

SUBSCRIBED AND SWORN to before me

this 9 day of May, 2009.

Donna Knoll Shawhan
NOTARY PUBLIC in and for said
State and County



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2009002696
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DÉCEDENT

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) John Michael AUSTIN SR.		2. DATE OF DEATH (Mo/Day/Year) February 22, 2009		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) 1233 Sierra Vista Drive		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. inpatient(Specify) Male	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 72	
9a. STATE OF BIRTH (if not U.S.A., name country) Rhode Island		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Marilyn SEGEL		8. DATE OF BIRTH (Mo/Day/Yr) May 04, 1936	
13. SOCIAL SECURITY NUMBER 9611		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Human Resources		14b. KIND OF BUSINESS OR INDUSTRY Aerospace Industry	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1233 Sierra Vista Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) John GURESH	
17. MOTHER - NAME (First Middle Last Suffix) Esther KELLEY		18a. INFORMANT- NAME (Type or Print) Marilyn AUSTIN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1233 Sierra Vista Drive 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) JAMES SMOLENSKI 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	
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 AUTHENTICATED DAVID A. JOHNSON M.D.					
21b. DATE SIGNED (Mo/Day/Yr) February 23, 2009		21c. HOUR OF DEATH 13:55		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)	
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) DAVID A. JOHNSON M.D. 1624 Library Lane, Minden, NV, 89423				23b. LICENSE NUMBER 12752	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 27, 2009		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) Lung Cancer Interval between onset and death					
(b) DUE TO, OR AS A CONSEQUENCE OF: Tobacco Abuse Interval between onset and death					
(c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
(d) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
PART II				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
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

50.887

0742830 Page: 3 Of 3 05/11/2009

BK- 0509
PG- 2075

VRS-Rev 2008T

258600 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:

03/02/2009

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

PHNCO (Rev) 11/06

