

16

DOC # 0743909  
05/27/2009 02:39 PM Deputy: GB

OFFICIAL RECORD  
Requested By:  
NANCY REY JACKSON LTD

Assessor's Parcel Number: 1320-29-110-017

Recording Requested By:

Name: Nancy Rey Jackson, Ltd.  
Address: 1591 Mono Avenue  
City/State/Zip: Minden, NV 89423

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 3 Fee: 16.00  
BK-0509 PG-6656 RPTT: 0.00



Mail Tax Statements to:

Name: Boyd Reutzel  
Address: 1795 Lantana Drive  
City/State/Zip: Minden, NV 89423

Please complete Affirmation Statement below:

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

-OR-

XX I the undersigned hereby affirm that this document submitted for Recording contains the social security number of a person or persons as required by law: NRS 440.090 (state specific law)

Signature (Print name under signature)  
Carrie M. Dimitri

Secretary  
Title

AFFIDAVIT OF TERMINATION OF JOINT TENANCY

(Title of Document)

If legal description is a metes & bounds description furnish the following information:

Legal description obtained from: \_\_\_\_\_ (Document Title), Book: \_\_\_\_\_ Page: \_\_\_\_\_  
Document # \_\_\_\_\_ recorded \_\_\_\_\_ (Date) in the \_\_\_\_\_ County Recorders  
Office.

-OR-

If Surveyor, please provide name and address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This page added to provide additional information required by NRS 111.312 Sections 1-4.

(Additional recording fees apply)

APN 1320-29-110-017

Recording requested by and mail documents  
and tax statements to:

**Boyd Reutzel**  
**1795 Lantana Drive**  
**Minden, NV 89423**

**AFFIDAVIT OF TERMINATION OF JOINT TENANCY**

STATE OF NEVADA     )  
                                  )§  
COUNTY OF DOUGLAS    )

BOYD REUTZEL, of legal age, being duly sworn, deposes and says:

1. That DeVonne Elene REUTZEL, the decedent mentioned in the attached certified copy of certificate of death, was, until her death, and is the same person as Devonne Reutzel, named as one of the parties in that certain deed by and between Boyd Reutzel and Devonne Reutzel, husband and wife as joint tenants, concerning the real property situate in Minden, Douglas County, State of Nevada, described as follows:

**LOT 412, IN BLOCK B, AS SHOWN ON THE FINAL MAP NO. 1008-8 FOR WINHAVEN, UNIT NO. 8, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON SEPTEMBER 11, 1997, IN BOOK 997, OF OFFICIAL RECORDS AT PAGE 2125, AS DOCUMENT NO. 421412**

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

Dated this 17 day of May 2009.

  
BOYD REUTZEL

STATE OF NEVADA     )  
                                  )§  
COUNTY OF DOUGLAS    )

On this 17th day of May 2009, personally appeared before me, a Notary Public, Boyd Reutzel, personally known or proved to me to be the person whose name is subscribed to the above instrument and who acknowledged that he executed the above instrument.

  
NOTARY PUBLIC



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

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

2009005476  
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>DeVonne Elene REUTZEL</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 12, 2009</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>1795 Lantana Dr.</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)	
4. SEX <b>Female</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>79</b>		7b. UNDER 1 YEAR MOS. DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>March 11, 1930</b>		9a. STATE OF BIRTH (If not U.S.A. name country) <b>Nebraska</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>14</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Boyo REUTZEL</b>	
13. SOCIAL SECURITY NUMBER <b>1428</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Clerical</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Newspaper</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>1795 Lantana Dr.</b>		15e. INSIDE CITY LIMITS. (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER - NAME (First Middle Last ) Suffix <b>John Quincy ADAMS</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Violet Leona PRELL</b>		
18a. INFORMANT - NAME (Type or Print) <b>Becky L OVERSTREET</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>320 Roundhill Place Clayton, California 94517</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BLAKE HOWE</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>622</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Douglas County Mortuary</b> <b>1478 4th Street Minden NV 89423</b>	
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>MARK THOMAS BRUNE M.D.</b> SIGNATURE AUTHENTICATED			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>April 14, 2009</b>		21c. HOUR OF DEATH <b>06:00</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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>Mark Thomas Brune M.D. 1701 County Road #H Minden, NV 89423</b>		23b. LICENSE NUMBER <b>7134</b>	
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 20, 2009</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				Interval between onset and death	
(a) <b>Cardiopulmonary Arrest</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Metastatic Lung Cancer</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
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

571677

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BK- 0509  
PG- 6658

VRS-Rev-2006T

268626 CERTIFIED COPY OF VITAL RECORDS

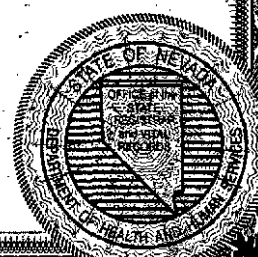
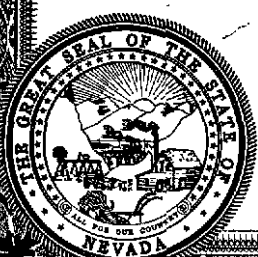
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 04/23/2009

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

F&NCO (Rev) 11/05

*Rod White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE