

DOC # 747842
07/27/2009 02:13PM Deputy: GB
OFFICIAL RECORD
Requested By:
FIRST AMERICAN TITLE MIN
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 5 Fee: 18.00
BK-709 PG-6480 RPTT: 0.00



A.P.N.: 1220-11-001-039 and 1220-11-001-038
File No: 143-2384787 (MK)

When Recorded return to, and mail Tax Statements to:
Mr Crowe
5048 Racoon Valley Rd
Olympia, WA 98513

AFFIDAVIT - TERMINATING JOINT TENANCY

Ronald L. Crowe, of legal age, being first duly sworn, deposes and says:

That **Dolores M. Crowe**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Dolores M. Crowe** named as one of the parties in that certain **Grant Bargain Sale Deed** dated **June 7, 1976** executed by **Victor L. Buron and Janet L. Burton** to **Ronald L. Crowe and Doloes M. Crowe** as joint tenants, recorded as Document No. **00897** on **June 9 1976** in Book **676** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

PARCEL : 1

A PARCEL OF LAND WITHIN THE NE1/4 OF SECTION 11, T. 12N., R. 20E., M.D.B. & M., DOUGLAS COUNTY, NEVADA AND MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE E1/4 CORNER OF SECTION 11, T. 12N., R. 20E., M.D.B. & M.; THENCE N2°04'45"W A DISTANCE OF 1,032.81 FEET TO A 5/8" REBAR WITH CAP STAMPED PLS 8703 WHICH IS THE TRUE POINT OF BEGINNING; THENCE N00°08'00"E A DISTANCE OF 145.51 FEET TO A 5/8" REBAR WITH CAP STAMPED PLS 3090; THENCE N89°49'22"W A DISTANCE OF 346.94 FEET TO A 5/8" REBAR WITH CAP STAMPED PLS 3090; THENCE S00°06'42"W A DISTANCE OF 132.71 FEET TO A 5/8" REBAR WITH CAP STAMPED PLS 3090; THENCE S89°51'30"E A DISTANCE OF 47.00 FEET TO A 5/8" REBAR WITH CAP STAMPED PLS 3090; THENCE S00°06'42"W A DISTANCE OF 13.05 FEET TO A 5/8" REBAR WITH CAP STAMPED PLS 8703; THENCE S89°52'00" E A DISTANCE OF 299.89 FEET TO THE TRUE POINT OF BEGINNING.

THE BASIS OF BEARINGS OF THIS DESCRIPTION IS THE NORTHERLY LINE OF APN 23-211-112 AS PER THE RECORD OF SURVEY FOR NICHOLAS A. AND MARGOT ZINELIS, DOCUMENT #395032, OF OFFICIAL RECORDS, DOUGLAS COUNTY, NEVADA. SAID LINE BEARS N89°52'00"W.

NOTE: THE ABOVE METES AND BOUNDS LEGAL DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED FEBRUARY 14, 2005 IN BOOK 0205, PAGE 4830, AS DOCUMENT NO. 0636665, OF OFFICIAL RECORDS.

PARCEL 2:



A PARCEL OF LAND WITHIN THE NE1/4 OF SECTION 11, T. 12N., R. 20E., M.D.B. & M., DOUGLAS COUNTY, NEVADA AND MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE E1/4 CORNER OF SECTION 11, T. 12N., R. 20E., M.D.B. & M.; THENCE N2°04'45"W A DISTANCE OF 1,032.81 FEET TO A 5/8" REBAR WITH CAP STAMPED PLS 8703; THENCE N00°08'00"E A DISTANCE OF 145.51 FEET TO A 5/8" REBAR WITH CAP STAMPED PLS 3090 WHICH IS THE TRUE POINT OF BEGINNING; THENCE N00°08'00"E A DISTANCE OF 145.50 FEET TO A 5/8" REBAR WITH CAP STAMPED PLS 3090; THENCE N89°46'45"W A DISTANCE OF 347.00 TO A 5/8" REBAR WITH CAP STAMPED PLS 3090; THENCE S00°06'42" W A DISTANCE OF 145.77 FEET TO A 5/8" REBAR WITH CAP STAMPED PLS 3090; THENCE S89°49'22"E A DISTANCE OF 346.94 FEET TO THE TRUE POINT OF BEGINNING.

THE BASIS OF BEARINGS OF THIS DESCRIPTION IS THE NORTHERLY LINE OF APN 23-211-112 AS PER THE RECORD OF SURVEY FOR NICHOLAS A. AND MARGOT ZINELIS, DOCUMENT #395032, OF OFFICIAL RECORDS, DOUGLAS COUNTY, NEVADA. SAID LINE BEARS N89°52'00"W.

THE ABOVE METES AND BOUNDS LEGAL DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED FEBRUARY 14, 2005 IN BOOK 205, PAGE 4830, AS DOCUMENT NO. 0636665, OF OFFICIAL RECORDS.

Ronald L Crowe by 7-22-09

Ronald Crowe Jr Date
his attorney in fact

STATE OF)
) :SS.
COUNTY OF)

This instrument was acknowledged before me on _____ by

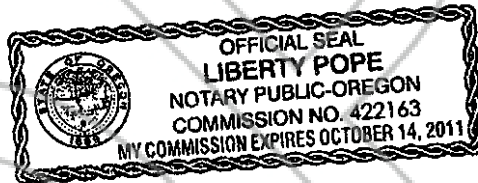
Notary Public
(My commission expires: _____)



STATE OF ~~NV~~ Oregon)
)
:SS.
COUNTY OF ~~Douglas~~ Coos)

On July 22, 2009, personally appeared before me, a Notary Public in and for ^{Coos}~~Douglas~~ County,
~~OR~~ ~~NV~~ known (or proved) to me to be the person whose name is subscribed to the within instrument as the
attorney in fact of Ronald L. Crowe and acknowledged to me that he/she
subscribed his/her own name as attorney in fact.

Liberty Pope
NOTARY PUBLIC





File No.: 143-2384787

NOTARY INFORMATION

NOTARY PUBLIC: PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

Your Name: (NOTARY) Liberty Pope

Address: 454 Commercial Ave.

Daytime Phone Number: (541) 269-0119

State: Oregon

County: Coos

In the event **First American Title Insurance Company**, a(n) **California** Corporation comes across a problem with the Notary section I, Liberty Pope (notary public) authorizes **First American Title Insurance Company**, a(n) **California** Corporation to make changes to the notary section only.

Liberty Pope
Notary Public signature

CERTIFICATION OF VITAL RECORD

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

2007001833
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

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 Dolores			1b. MIDDLE M			1c. LAST CROWE			2. DATE OF DEATH (Mo/Day/Year) April 12, 2007			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) 1140 East Valley Road						3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify)			4. SEX Female		
5. RACE-(e.g., White, Black, American Indian) (Specify) White				6. Was Decedent of Hispanic Origin? # yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-Hispanic				7a. AGE-Last birthday (Years) 79		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) December 15, 1927			
9a. STATE OF BIRTH (if not U.S.A., name country) South Dakota			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Ronald CROWE						
13. SOCIAL SECURITY NUMBER 8462				14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Civilian Secretary						14b. KIND OF BUSINESS OR INDUSTRY U. S. Air Force							
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Gardnerville			15d. STREET AND NUMBER 1140 East Valley Road			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER - NAME (First Middle Last Suffix) Theodore SCHLAX						17. MOTHER - NAME (First Middle Last Suffix) Olive JOHNSON											
18a. INFORMANT- NAME (Type or Print) Ronald CROWE						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P. O. Box 1424 Gardnerville, Nevada 89410											
18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial				18b. CEMETERY OR CREMATORY - NAME Eastside Memorial Park				18c. LOCATION City or Town State Minden Nevada 89423									
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) JAMES SMOLENSKI				20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410											
20a. SIGNATURE AUTHENTICATED																	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) STEPHEN J HEWITT DO						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) April 17, 2007				21c. HOUR OF DEATH 15:25				22b. DATE SIGNED (Mo/Day/Yr)				22c. HOUR OF DEATH					
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						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) Dr. Stephen J Hewitt DO 1090 3rd Street #1 South Lake Tahoe, CA										23b. LICENSE NUMBER NV 1107							
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 23, 2007				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).)												Interval between onset and death					
PART (a) Congestive heart failure												Years					
DUE TO, OR AS A CONSEQUENCE OF: PART (b) Coronary artery disease												Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF: PART (c)												Years					
PART OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.												Interval between onset and death					
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



BK-709
PG-6484

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VR5-Rev-E2a

282323

CERTIFIED COPY OF VITAL RECORDS

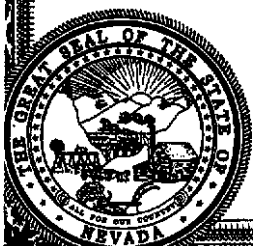
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **JUL 17 2009**

STATE REGISTRAR

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

PHNCO (REV) 11/06



Rd White