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Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 2 Fee: 15.00
BK-0809 PG- 6960 RPTT: 0.00

A.P.N.: 1320-33-411-008
File No: ()



When Recorded return to, and mail Tax Statements to:
Catherine M. Lytle
1420 Douglas Ave #8
Gardnerville, NV 89410

AFFIDAVIT - TERMINATING JOINT TENANCY

Catherine M. Lytle, of legal age, being first duly sworn, deposes and says:

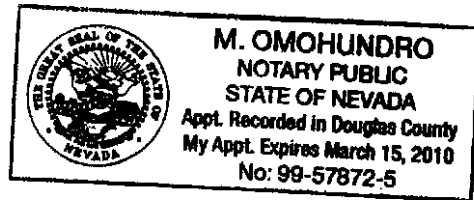
That **Kenneth B. Lytle**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Kenneth B. Lytle** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **August 1, 1990** executed by **Michael K. Swift and Terry A. Swift** to **Kenneth B. Lytle and Catherine M. Lytle** as joint tenants, recorded as Document No. **233202** on **08-24-90** in Book **890** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

Lot 8, in Block A, as set forth on that certain map of HERITAGE SQUARE TOWNHOUSES, filed for record in the Office of the County Recorder of Douglas County, Nevada, on April 8, 1986, in Book 486, Page 793, as Document No. 133158.

Catherine M Lytle 8/28, 2009
Catherine M. Lytle Date

STATE OF **NEVADA**)
)
) :SS.
COUNTY OF **DOUGLAS**)

This instrument was acknowledged before me on 8/28/09 by



Catherine M. lytle
[Signature]
Notary Public
(My commission expires: 3/15/10)

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS
Reno, Nevada

CERTIFICATE OF DEATH

2008009968
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) Kenneth B LYTLE		2. DATE OF DEATH (Mo/Day/Year) June 20, 2008		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) St Mary's Regional Medical Center		3d. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 77		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY MOS DAYS HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 08, 1930		9a. STATE OF BIRTH (if not U.S.A., name country) Wyoming		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Catherine SHIELDS	
13. SOCIAL SECURITY NUMBER 6059		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) U. S. Marines		14b. KIND OF BUSINESS OR INDUSTRY U. S. Government	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1420 Douglas Avenue #8		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) George Albert LYTLE	
17. MOTHER - NAME (First Middle Last Suffix) Verna SEARLES		18a. INFORMANT- NAME (Type or Print) Catherine LYTLE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1420 Douglas Avenue #8 Gardnerville, Nevada 89410	
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		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville, NV 89410	
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) BRUCE WILLIAM DENNEY M.D.		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) June 26, 2008		21c. HOUR OF DEATH 15:00		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, OR CORONER) (Type or Print) Bruce William Denney M.D. Pulmonary Medicine Associates Reno, NV 89503		23b. LICENSE NUMBER 10809	
24a. REGISTRAR (Signature) BRIDGES SANDI		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 01, 2008		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) Cardiopulmonary arrest		Interval between onset and death			
(b) Intraperitoneal hemorrhage		Interval between onset and death			
(c) Unknown etiology		Interval between onset and death			
(d)		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

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.

DEPUTY REGISTRAR

Mary A. Anderson
SIGNATURE AUTHENTICATED

DATE ISSUED: 07/08/2008

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE