

APN 1220-22-310-148

Recording requested by and mail documents
and tax statements to:

Darwin V. Ellis
✓ 297 Great Hill Road
Ridgefield, CT 06877

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 2 Fee: 15.00
BK-1209 PG- 0327 RPTT: 0.00

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



AFFIDAVIT OF TERMINATION OF JOINT TENANCY

DARWIN K. ELLIS, of legal age, being duly sworn, deposes and says:

1. That ELIZABETH D. ELLIS, the decedent mentioned in the attached certified copy of certificate of death, was, until her death, and is the same person as ELIZABETH D. ELLIS, named as one of the parties in that certain deed by and between ELIZABETH D. ELLIS and DARWIN K. ELLIS, her husband, as joint tenants, concerning the real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 735, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 27, 1974, as Document No. 72456.

Assessor's Parcel Number 1220-22-310-148

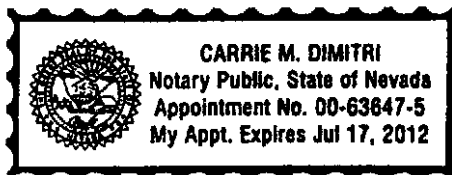
2. That this affidavit is executed and recorded for the purposes of terminating the interest of said ELIZABETH D. ELLIS in and to the hereinabove-described real property.

Dated this 25 day of November 2009.

DARWIN K. ELLIS

STATE OF NEVADA)
)§
COUNTY OF DOUGLAS)

On this 25 day of November 2009, personally appeared before me, a Notary Public, Darwin K. Ellis, 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

2009012473

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) Elizabeth D ELLIS		2. DATE OF DEATH (Mo/Day/Year) August 20, 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) Evergreen Gardnerville Health and Rehabilitation		3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Female		7a. AGE - Last birthday (Years) 92		8. DATE OF BIRTH (Mo/Day/Yr) June 15, 1917	
5. RACE White		6. Hispano-Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
9a. STATE OF BIRTH (if not U.S.A. name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18	
11. MARRIED; NEVER MARRIED; WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Darwin K ELLIS		13. SOCIAL SECURITY NUMBER 0372	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) School Teacher		14b. KIND OF BUSINESS OR INDUSTRY Education		15. INSIDE CITY LIMITS (Specify Yes or No) Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1778 Heather Circle		16. FATHER - NAME (First Middle Last Suffix) Vincent D'ALESSANDRO		17. MOTHER - NAME (First Middle Last Suffix) Georgia PELLEGRINETTI	
18a. INFORMANT - NAME (Type or Print) Darwin K ELLIS		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) P.O. Box 215, Minden, Nevada 89423			
19a. BURIAL; CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Mottsville Cemetery		19c. LOCATION - City or Town State Mottsville Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Douglas County Mortuary 1478 4th Street Minden NV 89423	
21a. 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) JOSE ALFREDO AGUIRRE MD			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) August 25, 2009			22b. DATE SIGNED (Mo/Day/Yr)		
21c. HOUR OF DEATH 23:20			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) Jose Alfredo Aguirre MD - 1600 Medical Parkway, Carson City, NV, 89703		
23b. LICENSE NUMBER 11479			24a. REGISTRAR (Signature) CHRISTINA GRIFFITH		
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 31, 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). Interval between onset and death					
PART I (a) Cardiac Arrest					
(b) Congestive Heart Failure					
(c) Valvular Heart Disease					
(d) Diabetes Mellitus					
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			
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. PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify)			
28f. INJURY AT WORK (Specify Yes or No)		28g. LOCATION - STREET OR R.F.D. No.		28h. CITY OR TOWN STATE	

STATE REGISTRAR

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VRS-Rev. 20090802

290100 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: 09/01/2009

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

PRBCO (Rev) 11/06

SIGNATURE AUTHENTICATED

