

OFFICIAL RECORD
Requested By:
NANCY REY JACKSON

APN 1320-30-819-001

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 3 Fee: 16.00
BK-1209 PG- 0330 RPTT: 0.00



I the undersigned hereby affirm that this document submitted
Recording contains the social security number of a person or persons
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, commonly known as 1647 Mono Avenue, Minden, described as follows:

SEE "EXHIBIT A" ATTACHED

Assessor's Parcel Number 1320-30-819-001

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 25th 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		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 92		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 15, 1917		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	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1778 Heather Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First, Middle, Last Suffix) Vincent D'ALESSANDRO	
17. MOTHER - NAME (First, Middle, Last Suffix) Georgia PELLEGRENETTI		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 (Of Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Douglas County Mortuary 1478 4th Street, Minden NV 89423	
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 JOSE ALFREDO AGUIRRE MD		21b. DATE SIGNED (Mo/Day/Yr) August 25, 2009		21c. HOUR OF DEATH 23:20	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		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) Jose Alfredo Aguirre MD 1600 Medical Parkway, Carson City, NV, 89703		23b. LICENSE NUMBER 11479		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED	
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).) PART I (a) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF (b) Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF (c) Valvular Heart Disease DUE TO, OR AS A CONSEQUENCE OF (d) Diabetes Mellitus	
26. ACC, SUICIDE, HOM, UNDET. OR PENDING INVEST. (Specify)		26. DATE OF INJURY (Mo/Day/Yr)		26. HOUR OF INJURY	
26. DESCRIBE HOW INJURY OCCURRED		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify)		28c. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR



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PG- 331
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VRS-Rev-20090502

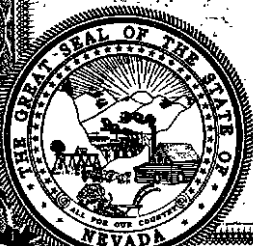
290101 CERTIFIED COPY OF VITAL RECORDS

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.

STATE REGISTRAR
SIGNATURE AUTHENTICATED



"EXHIBIT A"

**Lots Twenty-one (21), Twenty-two (22), Twenty-three (23), and
Twenty-four (24) in Block "H" of the West Addition of the Town of
Minden, Douglas County, Nevada.**

COPY