

DOC # 755101
12/07/2009 10:18AM Deputy: GB
OFFICIAL RECORD
Requested By:
FIRST AMERICAN TITLE MIN
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 2 Fee: 15.00
BK-1209 PG-1357 RPTT: 0.00



A.P.N.: 1420-07-616-004
File No: 143-2389336 (Rt)

When Recorded return to, and mail Tax Statements to:

Joy S. Weaver
2046 Esaw Street
Minden, NV 89423

AFFIDAVIT - TERMINATING JOINT TENANCY

Joy S. Weaver, of legal age, being first duly sworn, deposes and says:

That **Jack H. Weaver**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Jack H. Weaver** named as one of the parties in that certain **Grant, Bargain, Sale Deed** dated **June 5, 1978** executed by **James Lee** to **Jack H. Weaver and Joy S. Weaver, husband and wife** as joint tenants, recorded as Document No. **23999** on **August 11, 1978** in Book **878** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

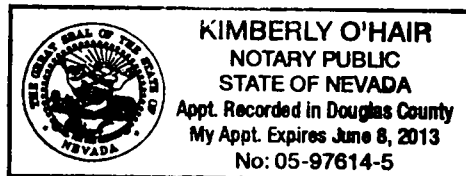
LOT 54, OF BLOCK A, AS SHOWN ON THE FILED MAP OF HIGHLAND ESTATES UNIT NO. 2, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON JANUARY 27, 1978, AS DOCUMENT NO. 17090.

Joy S. Weaver 11/30/09
Joy S. Weaver Date

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

This instrument was acknowledged before me on Nov. 30th 2009 by

Joy S. Weaver
Kimberly O'Hair
Notary Public
(My commission expires: 06.08.13)



CERTIFICATION OF VITAL RECORD

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

2009005006

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) Jack Harold WEAVER		2. DATE OF DEATH (Mo/Day/Year) April 07, 2009		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 920 Ruby Court		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. inpatient(Specify)	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 80		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 01, 1928		9a. STATE OF BIRTH (If not U.S.A., name country) California		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) Joy MONIOT	
13. SOCIAL SECURITY NUMBER 4763		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Deputy Sheriff		14b. KIND OF BUSINESS OR INDUSTRY County Government	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 920 Ruby Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) John WEAVER	
17. MOTHER - NAME (First Middle Last Suffix) Lucille OSTGULEN		18a. INFORMANT- NAME (Type or Print) Mark WEAVER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2846 Esaw St Minden, Nevada 89423	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1261 N Roof Carson City NV 89706	
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)		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) GREG HUBBARD SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) April 10, 2009	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 09:00		22d. PRONOUNCED DEAD (Mo/Day/Yr) April 07, 2009	
22e. PRONOUNCED DEAD AT (Hour) 09:00		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner GREG HUBBARD PO Box 218 Minden, NV 89423			
23b. LICENSE NUMBER 262		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 10, 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) Gunshot Wound To Chest DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) DUE TO, OR AS A CONSEQUENCE OF:			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART II		26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) Suicide		26. AUTOPSY (Specify Yes or No) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
27. DATE OF INJURY (Mo/Day/Yr) April 07, 2009		27. HOUR OF INJURY 0825		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28. DESCRIBE HOW INJURY OCCURRED Self-Inflicted		28e. INJURY AT WORK (Specify Yes or No) No			
28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Home		28g. LOCATION 920 Ruby Court		28h. STREET OR R.F.D. No. CITY OR TOWN STATE Carson City Nevada	

STATE REGISTRAR



BK-1209
PG-1358

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VRS-Rev-2008T

267075 CERTIFIED COPY OF VITAL RECORDS

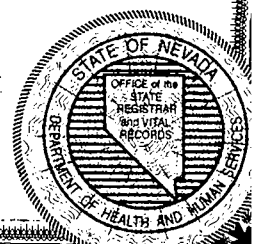
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

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

PNCO (REV) 11/06

R. Griffith
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE