

DOC # 761658
04/06/2010 10:06AM Deputy: GB
OFFICIAL RECORD
Requested By:
FIRST AMERICANTITLE STAT
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 2 Fee: 40.00
BK-410 PG-1066 RPTT: 0.00



A.P.N.: 1320-35-002-023
File No: 141-2391945 (NMP)

When Recorded return to, and mail Tax Statements to:
Cheryl Ann Duncan

1111 W. College Pkwy Apt 201
Carson City, NV 89703

AFFIDAVIT - TERMINATING JOINT TENANCY

Cheryl Ann Duncan, of legal age, being first duly sworn, deposes and says:

That **Edward Lee Duncan**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Edward Lee Duncan** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **None Shown** executed by **Gregory W. Painter and Hollis L. Painter to Cheryl Ann Duncan and Edward Lee Duncan** as joint tenants, recorded as Document No. **329063** on **February 1, 1994** in Book **0294**, Page **0036** of Official Records of **Douglas** County, **Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

BEING A PORTION OF THE SOUTHWEST OF SECTION 35, TOWNSHIP 13, NORTH RANGE 20 EAST, M.D.B. & M., FURTHER DESCRIBED AS FOLLOWS: PARCEL 19A AS SET FORTH ON PARCEL MAP #3 FOR GREGORY W. AND HOLLIS L. PAINTER, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON JANUARY 25, 1994, IN BOOK 194, PAGE 4478, AS DOCUMENT NO. 328303.

Cheryl Ann Duncan
Cheryl Ann Duncan Date

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

This instrument was acknowledged before me on
03-26-10 by

CHERYL ANN DUNCAN
Crystal P Buscay
Notary Public
(My commission expires: 10-01-12)



CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2009000815
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) Edward Lee DUNCAN		2. DATE OF DEATH (Mo/Day/Year) January 10, 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) 920 Dump Road		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify)	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 065	
9a. STATE OF BIRTH (if not U.S.A., name country) Oklahoma		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
13. SOCIAL SECURITY NUMBER ████████-3739		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Chief Underwriting Officer		14b. KIND OF BUSINESS OR INDUSTRY Insurance	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1489 Sanchez Road		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Cheryl Ann SHERROD	
16. FATHER - NAME (First Middle Last Suffix) Edward Franklin DUNCAN		17. MOTHER - NAME (First Middle Last Suffix) Betty Mae LAWTON		15e. INSIDE CITY LIMITS (Specify Yes or No) No	
18a. INFORMANT- NAME (Type or Print) Cheryl Ann DUNCAN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1489 Sanchez Road Gardnerville, Nevada 89410		19c. LOCATION City or Town State Carson City Nevada 89706	
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) BLAKE HOWE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 622		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) BERNADETTE SMITH SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) January 23, 2009		21c. HOUR OF DEATH 08:15		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) BERNADETTE SMITH SIGNATURE AUTHENTICATED	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr) January 23, 2009		22c. HOUR OF DEATH 08:15	
22d. PRONOUNCED DEAD (Mo/Day/Yr) January 10, 2008		22e. PRONOUNCED DEAD AT (Hour) 08:15		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Bernadette Smith P.O. Box 218 Minden, NV 89423	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Bernadette Smith P.O. Box 218 Minden, NV 89423		23b. LICENSE NUMBER 369		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 26, 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 Head DUE TO, OR AS A CONSEQUENCE OF: (b) Suicide / Self Inflicted DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____		Interval between onset and death		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.		26. AUTOPSY (Specify Yes or No) Yes		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) Suicide		28b. DATE OF INJURY (Mo/Day/Yr) January 10, 2009		28c. HOUR OF INJURY 0815	
28d. 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) Fairgrounds	
28g. LOCATION 920 Dump Road		STREET OR R.F.D. No.		CITY OR TOWN Gardnerville	
STATE Nevada		STATE REGISTRAR		STATE REGISTRAR	



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PG-1067
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VRS-Rev-2008T

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CERTIFIED COPY OF VITAL RECORDS

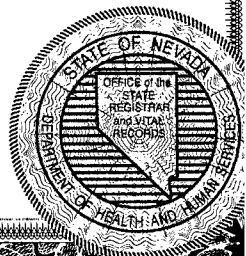
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

Rd White
STATE REGISTRAR

DATE ISSUED:

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

PBNC0 (Rev) 11/06



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE