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DOC # 0768237
08/06/2010 12:32 PM Deputy: PK
OFFICIAL RECORD
Requested By:
BETTY LOU KELLY

Assessor's Parcel Number: 1318 23 310 010

Recording Requested By:

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0810 PG-1446 RPTT: 0.00

✓ Name: Betty Lou Kelly
27031 W Rawlson Dr.
Address: Buckeye, AZ
85396
City/State/Zip _____



Real Property Transfer Tax: _____

affidavit terminating
(Title of Document)
joint tenancy

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

AFFIDAVIT TERMINATING JOINT TENANCY

State of Nevada)
) ss.
County of Douglas)

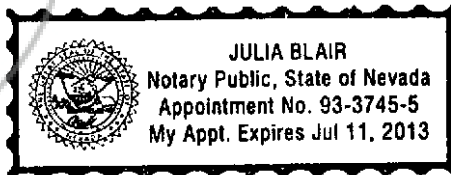
Betty Lou Kelly being first duly sworn,
deposes and says that affiant is over the age of 21 years and competent to be a
witness as to the matters hereinafter stated.

That affiant is Betty Lou Kelly the person named as
joint tenant, one of the grantees in
that certain deed recorded on May 22 1972, as Document
No. 59402 in Book 100, Page 424, in the office
of the County Recorder of Douglas County, Nevada.

That William R. Kelly was one of the
grantees named in said deed and was the identical person named as
joint tenant, the decedent, in
that certain Death Certificate, a certified copy of which is attached hereto and made a part
hereof.

Betty Lou Kelly
(SIGNATURE)

Subscribed and sworn to before me this
6th day of August, 2010



Julia Blair
Notary Public in and for said County and State

CERTIFICATION OF VITAL RECORD

"VERIFICATION BOX" (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

STATE OF ARIZONA

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

State File No. 102-2010-021380

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) WILLIAM ROBERT KELLY		2. AKA'S (IF ANY)		3. DATE OF DEATH JUNE 10, 2010	
4. SEX MALE	5. SOCIAL SECURITY NUMBER -9420	6. DATE OF BIRTH 05-05-1928	7. AGE 82	8. UNDER 1 YEAR 8. MONTHS 9. DAYS 10. HOURS 11. MINUTES	
12. PLACE OF DEATH - HOSPITAL <input type="checkbox"/> INPATIENT <input type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL		13. PLACE OF DEATH - OTHER THAN HOSPITAL <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER			
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY) 27031 W RUNION DR		15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH BUCKEYE 85396		18. COUNTY OF DEATH MARICOPA	
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) GOODING, IDAHO		18. MARITAL STATUS AT TIME OF DEATH MARRIED		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) BETTY LOU DAVID	
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS 27031 W RUNION DR.		21. CITY AND COUNTY BUCKEYE, MARICOPA		22. STATE ARIZONA	23. ZIP CODE 85396
25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN		26. DECEDENT'S RACE(S) <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN		27. IF AMERICAN INDIAN, OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES. PRIMARY OR ENROLLED TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:	
28. OCCUPATION ATTORNEY		29. FATHER'S NAME (FIRST, MIDDLE, LAST) EMMETT KELLY		30. MOTHER'S NAME (FIRST, MIDDLE & LAST NAME PRIOR TO FIRST MARRIAGE) AUDRA WALSTON	
31. INFORMANT'S NAME BETTY LOU KELLY		32. RELATIONSHIP SPOUSE		33. INFORMANT'S MAILING ADDRESS 27031 W RUNION DR, BUCKEYE, ARIZONA 85396	
34. NAME AND ADDRESS OF FUNERAL FACILITY SAMARITAN FUNERAL HOME 1505 E. MCDOWELL RD PHOENIX, AZ		35. FUNERAL DIRECTOR JOSEPH CUMMINGS / FUNERAL DIRECTOR		36. LICENSE NUMBER F1047	
37. METHOD(S) OF DISPOSITION CREMATION		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY ALL STATE CREMATORY, MESA, ARIZONA		39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY NONE	
MEDICAL CERTIFICATION SECTION					
40. A. IMMEDIATE CAUSE OF DEATH ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE		41. APPROXIMATE INTERVAL UNKNOWN			
42. B. DUE TO OR AS A CONSEQUENCE OF:		43. APPROXIMATE INTERVAL			
44. C. DUE TO OR AS A CONSEQUENCE OF:		45. APPROXIMATE INTERVAL			
46. D. DUE TO OR AS A CONSEQUENCE OF:		47. APPROXIMATE INTERVAL			
CAUSE OF DEATH PART II					
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE		49. INJURY? NO	50. INJURY AT WORK? NO	51. MANNER OF DEATH NATURAL DEATH	52. TIME OF DEATH 11:10 PM
		53. WAS AN AUTOPSY PERFORMED? NO		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
CAUSE AND MANNER OF DEATH CERTIFICATION					
57. CERTIFIER'S ADDRESS 10450 W MCDOWELL RD AVONDALE, AZ 85392		55. NAME OF PERSON COMPLETING CAUSE OF DEATH VIKRAM KAPUR, M.D.		56. DATE CERTIFIED 06-14-2010	
		58. NAME OF REGISTRAR MICHELE CASTANEDA-MARTINEZ		59. DATE REGISTERED 06-21-2010	

Date Issued: 06-22-2010



This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of

Patricia Adams
PATRICIA ADAMS
ASSISTANT STATE REGISTRAR



This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.



R. P. T. \$ 50.60

JOINT TENANCY DEED

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, HAROLD R. DUMMITT and EVA MAE DUMMITT, husband and wife, do hereby GRANT, BARGAIN and SELL to WILLIAM R. KELLY and BETTY LOU KELLY, husband and wife, as joint tenants with right of survivorship, and not as tenants in common, the real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 52, Block B, as shown on the official "Amended Map of Lake Village, Unit No. 1" recorded in the office of the County Recorder in Book 1 of Maps, Document No. 48573, Douglas County records.



DATED May 3, 72

Harold R. Dummitt
Harold R. Dummitt
Eva Mae Dummitt
Eva Mae Dummitt

STATE OF IDAHO)
) ss.
County of Latah)

On this 3rd day of May, 1972, before me, the undersigned, a Notary Public in and for said State, personally appeared HAROLD R. DUMMITT and EVA MAE DUMMITT, husband and wife, known to me to be the persons whose names are subscribed to the foregoing instrument, and acknowledged to me that they executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and notarial seal on the date last above written.

59407

Ronald C. O'Neil
Notary Public for Idaho,
Residing in Latah County.

