

Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: 16.00
BK-0910 PG- 2818 RPTT: 0.00



A.P.N.: 142018214116
File No: ()

✓ When Recorded return to, and mail Tax Statements to:
Carl David Antles
P.O. Box 10469
So. Lake Tahoe, CA 96158

AFFIDAVIT - TERMINATING JOINT TENANCY

Carl David Antles, of legal age, being first duly sworn, deposes and says:

That **Norma M. Antles**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Norma M. Antles** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **11-11-98** executed by **Norma M. Antles to Norma M. Antles, Carl David Antles** as joint tenants, recorded as Document No. **0453851** on **11-12-98** in Book **1198** page **2475** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

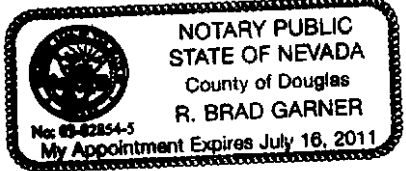
Lot 84, of Block E. as shown on the map of Silverado Heights Subdivision filed for record in the office of the county recorder of Douglas County, Nevada on September 18, 1978, as document no. 25326

Carl David Antles 9-14-2010
Carl David Antles Date

STATE OF Nevada)
COUNTY OF Douglas) :ss.

This instrument was acknowledged before me on 9/14/2010 by Carl David Antles

R. Brad Garner
Notary Public
(My commission expires: 7/16/2011)





File No.:

NOTARY INFORMATION

NOTARY PUBLIC: PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

Your Name: (NOTARY) R. Brad Garner

Address: 9163 Topay Ln Ste 300 Carson City, NV 89705

Daytime Phone Number: 775-267-0108

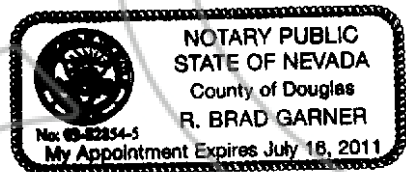
State: Nevada

County: Douglas

In the event, a(n) R. Brad Garner Corporation comes across a problem with the Notary section I, R. Brad Garner (notary public) authorizes, a(n) Corporation to make changes to the notary section only.

R. Brad Garner
Notary Public signature

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STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2009013199
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) Norma Marcella ANTLES		2. DATE OF DEATH (Mo/Day/Year) September 10, 2009		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) Continue Care Hospital of Carson Tahoe		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) 91		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) February 17, 1918		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) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER 4452		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Housekeeping Supervisor		14b. KIND OF BUSINESS OR INDUSTRY University of Southern California	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Indian Hills	
15d. STREET AND NUMBER 894 Coloma Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16. FATHER - NAME (First Middle Last Suffix) Thomas H GREENE			17. MOTHER - NAME (First Middle Last Suffix) Laura T KROUCH		
18a. INFORMANT- NAME (Type or Print) Carl D ANTLES		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State) Zip P.O. Box 10469 South Lake Tahoe, California 96158			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Happy Homestead Cemetery		19c. LOCATION City or Town State South Lake Tahoe California 96158	
20a. FUNERAL DIRECTOR : SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV, 89703	
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) VIJAY MAIYA SIGNATURE AUTHENTICATED		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) September 11, 2009		21c. HOUR OF DEATH 14:05		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Dr. Vijay Maiya 1600 Medical Parkway Carson City, NV 89703			
23b. LICENSE NUMBER 11909		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 14, 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				Interval between onset and death	
(a) Hypoxic					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Chronic obstructive pulmonary disease					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
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. INJURY AT WORK (Specify Yes or No)			
28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No.		CITY OR TOWN/ STATE	

STATE REGISTRAR



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PG- 2820
09/14/2010

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VRS-Rev.20090602

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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.

DATE ISSUED: 09/16/2009

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

PNBCO (REV) 11/06

R. J. [Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE