

DOC # 773880  
11/15/2010 12:36PM Deputy: GB  
**OFFICIAL RECORD**  
Requested By:  
FIRST AMERICAN TITLE MIN  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 3 Fee: 16.00  
BK-1110 PG-3377 RPTT: 0.00



APN# 1320-35-002-004

**Recording Requested by:**

Name: First American Title Insurance Company  
Address: 1673 Lucerne Street, Suite A  
City/State/Zip: Minden, NV 89423  
Order Number: 143-2401298

Affidavit-Terminating Joint Tenancy (for Recorder's use only)  
(Title of Document)

**Recorder Affirmation Statement**

**Please complete Affirmation Statement below:**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

**-OR-**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: 440.380

(State specific law)

Suzanne Cheechov Escrows officer  
Signature Title

Suzanne Cheechov  
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)



A.P.N.: 1320-35-002-004  
File No: 143-2401298 (SC)

When Recorded return to, and mail Tax Statements to:  
Vickie Warren  
1426 Willow Creek Lane  
Gardnerville, Nevada 89410

### AFFIDAVIT - TERMINATING JOINT TENANCY

**Vickie Warren**, of legal age, being first duly sworn, deposes and says:

That Walter William Warren, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as named as one of the parties in that certain **Grant Bragain and Sale Deed** dated **January 15, 2020** executed by **James R. Corcoran** to **Walter Warren and Vickie Warren** as joint tenants, recorded as Document No. **759569** on **3/3/2010** in Book **310**, page **819** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

**LOT 4, BLOCK B, AS SET FORTH ON THAT CERTAIN MAP OF COTTONWOOD MEADOWS SUBDIVISION, FILED FOR RECORD MARCH 1, 1985 IN BOOK 385, PAGE 150, DOCUMENT NO. 114249, AND FURTHER SET FORTH ON CERTIFICATE OF AMENDMENT RECORDED JUNE 18, 1987, BOOK 687, PAGE 2258, DOCUMENT NO. 156696, BOTH INSTRUMENTS RESPECTIVELY OF OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA.**

Vickie Warren 11/8/10  
Vickie Warren Date

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

This instrument was acknowledged before me on 11/8/2010 by

Vickie Warren  
Suzanne Cheechov  
Notary Public

(My commission expires: 6/25/2011 )



**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

DIVISION OF HEALTH

**CERTIFICATE OF DEATH**

2010011112

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) <b>Walter William WARREN</b>			2. DATE OF DEATH (Mo/Day/Year) <b>May 26, 2010</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) <b>1426 Willow Creek Lane</b>		3e. If Hosp. or Inst. Indicate BOA, OP, Emer. Rm., Inpatient (Specify) <b>Home</b>		4. SEX <b>Male</b>
5. RACE - White (Specify)		6. Hispanic Origin? Specify: No - Non-Hispanic		7a. AGE - Last birthday (Years) <b>70</b>		7b. UNDER 1 YEAR MOS   DAYS
9a. STATE OF BIRTH (If not U.S.A., name country) <b>Rhode Island</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>
13. SOCIAL SECURITY NUMBER <b>5617</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Auto Body Builder</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Public Utilities</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>September 13, 1939</b>
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>		16. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
15d. STREET AND NUMBER <b>1426 Willow Creek Lane</b>				12. SURVIVING SPOUSE OR DOMESTIC PARTNER <b>Vickie KIENZLE</b>		14c. Ever in US Armed Forces? <b>Yes</b>
16. FATHER - NAME (First Middle Last Suffix) <b>Walter C WARREN</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Rita L RONDEAU</b>			
18a. INFORMANT - NAME (Type or Print) <b>Vickie WARREN</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>1426 Willow Creek Lane Gardnerville, Nevada 89410</b>				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</b>		
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)			
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		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) <b>Deputy Greg Hubbard P.O. Box 218 Minden, NV 89423</b>					23b. LICENSE NUMBER <b>262</b>	
24a. REGISTRAR (Signature) <b>JENELLE ENGLISH</b> <i>SIGNATURE AUTHENTICATED</i>			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 29, 2010</b>		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) <b>Saddle Pulmonary Embolus</b>					Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(b)					Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(c)					Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(d)					Interval between onset and death	
26. AUTOPSY (Specify Yes or No) <b>Yes</b>				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		
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



BK-1110  
PG-3379

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VRS-Rev-20080602

343610

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: 07/29/2010

*Rod Whelan*  
**SIGNATURE AUTHENTICATED**

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

