

APN:1320-33-818-002

When Recorded Mail To:

✓ ROWE & HALES, LLP  
Jennifer Yturbide, Esq.  
P.O. Box 2080  
Minden, NV 89423

Send Tax Statements To:

Gerald Richard Adkins  
1442 Cardiff Drive  
Gardnerville, NV 89410

Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 3 Fee: 16.00  
BK-0611 PG- 5704 RPTT: 0.00



**AFFIDAVIT OF TERMINATION OF JOINT TENANCY  
(Death of Joint Tenant)**

GERALD RICHARD ADKINS, being of legal age and being first duly sworn, deposes and says:

Affiant was the Husband of META K. GRESS (Decedent), up to and until her death.

Meta K. Gress died on the 21<sup>st</sup> day of October, 2010, in Carson City, Nevada.

Meta K. Gress, the decedent mentioned in the attached certified copy of Certificate of Death, is named as one of the parties in that certain Grant, Bargain and Sale Deed, dated the 2<sup>nd</sup> day of June, 2005, executed by CLASSIC HOMES, LLC to GERALD RICHARD ADKINS and META K. GRESS holding title as husband and wife, as joint tenants, recorded as Instrument No.0648431 on the 1st day of July, 2005, in Book 0705, Page 00247 of the Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

All that real property situate in the County of Douglas, State of Nevada, described as follows:



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

2010016391  
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>Meta Kathleen GRESS</b>		2 DATE OF DEATH (Mo/Day/Year) <b>October 21, 2010</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c HOSPITAL OR OTHER INSTITUTION-Name(If not either, give street and number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. Indicate DOA, OP/Emer Rm; Inpatient(Specify). <b>Inpatient</b>	
4 SEX <b>Female</b>		5 RACE White (Specify) <b>White</b>		6 Hispanic Origin? Specify No - Non-Hispanic	
7a AGE-Last birthday (Years) <b>62</b>		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>March 13, 1948</b>		9a. STATE OF BIRTH (If not U.S.A. name country) <b>Iowa</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10 EDUCATION <b>16</b>		11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12 SURVIVING SPOUSE (if wife, give maiden name) <b>Gerald Richard ADKINS</b>	
13. SOCIAL SECURITY NUMBER <b>0947</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Bookkeeper</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Accounting</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1442 Cardiff Dr.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16 FATHER - NAME (First Middle Last Suffix) <b>Fred Hugh GEER</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Roberta Martha HUMPHREY</b>		
18a INFORMANT- NAME (Type or Print) <b>Gerald Richard ADKINS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1442 Cardiff Dr Gardnerville, Nevada 89410</b>			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Clarinda Cemetery</b>		19c. LOCATION City or Town State <b>Clarinda Iowa</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) <b>VIJAY MAIYA</b> <i>SIGNATURE AUTHENTICATED</i>			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) <b>October 27, 2010</b>		21c. HOUR OF DEATH <b>14:00</b>		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>Dr. Vijay Maiya 1600 Medical Parkway Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>11909</b>	
24a. REGISTRAR (Signature) <b>JENELLE ENGLISH</b> <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 03, 2010</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I					
(a) <b>Cardiopulmonary Arrest</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Pneumonia</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b>Lung Cancer</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) <b>Tobacco Abuse</b>					
PART II					
25. AUTOPSY (Specify Yes or No) <b>No</b>		27 WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</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. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE			
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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BK- 0611  
PG- 5706

VRS-Rev. 20100216

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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: 11/03/2010

*R. D. White*  
STATE REGISTRAR  
*SIGNATURE AUTHENTICATED*

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

