DOC 0785752 06/30/2011 09:58 AM Deputy:

OFFICIAL RECORD Requested By: GARY NEIGHBORS

Douglas County - NV Karen Ellison - Recorder

Page: 1

Of. 2 Fee:

15.00

BK-0611

PG- 6376 RPTT:

0.00



A.P.N.:

142008214010

File No:

When Recorded return to, and mail Tax Statements to:

Gary Neighbors 3551 N. Sunridge Carson City, Nv 89705

AFFIDAVIT - TERMINATING JOINT TENANCY

Gary A. Neighbors, of legal age, being first duly sworn, deposes and says:

That Susan L. Neighbors, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as Susan L. Neighbors named as one of the parties in that certain Grant, Bargain and Sale Deed dated 11-9-99 executed by H&S Construction, Inc to Gary A. Neighbors and Susan L. Neighbors as joint tenants, recorded as Document No. 1946 of Official 0484372 on **1-13-00** in Book 0100 page Douglas County, Nevada covering the following described property situated in the County of Douglas, State of Nevada:

Lot 9, in Block K, as set forth on the Final Map of Sunridge Heights, Phases 4 & 5A, a planned unit development, filed for record in the office of the county recorder of Douglas County, State of Nevada, on July 1, 1994, Book 794, Page 12, as Document no. 340968

> Gary A. Neighbors Date

STATE OF

Wiada

:SS.

COUNTY OF

Dynalan

This instrument was acknowledged before me on Walu

Gary A. Neighbors

(My commission expires:

RISHELE L. THOMPSON Notary Public - State of Nevada Appointment Recorded in Douglas County No: 99-54931-5 - Expires April 10, 2015

STUVER OF NEW CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS



PG-6377

06/30/2011

CERTIFICATE OF DEATH

2011005769

STATE FILE NUMBER TYPE OR 3a COUNTY OF DEATH 2. DATE OF DEATH (Mo/Day/Year) 1a DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX) PRINT IN April 09, 2011 Washoe PERMANENT **NEIGHBORS** BLACK INK 3b CITY, TOWN, OR LOCATION OF DEATH [3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street 3e if Hosp or Inst indicate DOA, OP/Emer. Rm. Inpatient(Specify) and number) Female Renown Regional Medical Center Inpatient DECEDENT 5 RACE White 70 UNDER 1 YEAR 70 UNDER 1 DAY 8, DATE OF BIRTH (Mo/Day/Yr) 6 Hispanic Origin? Specify DAYS HOURS: | MINS No - Non-Hispanic birthday (Years) (Specify) March 05, 1958 12 SURVIVING SPOUSE (if wife, give 66 CITIZEN OF WHAT COUNTRY 10 EDUCATION 11, MARRIED, NEVER MARRIED, WIDOWED, 9a, STATE OF BIRTH (If not U.S.A.) IF DEATH maiden name) Gary Allen NEIGHBORS 14 DIVORCED (Specify) Married OCCURRED IN name country) United States 11 California 14a USUAL OCCUPATION (Give Kind of Work Done During Most of 14b KIND OF BUSINESS OR INDUSTRY 13. SOCIAL SECURITY NUMBER Ever in US Armed SEE HANDBOOK REGARDING Working Life, Even If Retired) Forces? No. Airlines 2880 Travel Agent OMPLETION OF 5e. INSIL. IMITS (Specify No 15e. INSIDE CITY 15d. STREET AND NUMBER 15a RESIDENCE - STATE 15c. CITY, TOWN OR LOCATION , RESIDENCE ITEMS <u>Do</u>uglas Carson City 3551 North Sunridge Drive Nevada 17 MOTHER/PARENT - NAME: (First Middle Last Suffix) 16 FATHER/PARENT - NAME (First Middle Last Suffix) 7: **PARENTS** Ginger Harmann BRASUELL 18a INFORMANT-NAME (Type or Print)'/ 18b. MAILING ADDRESS: (Street or R.F.D. No. City or Town, State, Zip) 3551 North Sünridge Drive Carson City, Nevada 89705 Gary Allen NEIGHBORS', ... 19c. LOCATION ... City or Town 19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b CEMETERY OR CREMATORY - NAME La Paloma Réno DISPOSITIO Reno Nevada 20c NAME AND ADDRESS OF FACILITY 20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) 206 FUNERAL DIRECTOR LICENSE Autumn: Furierals & Cremations JOHN! LAWRENCE: 1575 N Lompa En Carson City NV 89701 304R ... SIGNATURE AUTHENTICATED TRADE CALL - NAME AND ADDRESS 22a On the basis of examination and/or investigation, in my opinion death occurred at 21a To the best of my knowledge, death occurred at the tir the time, date and place and due to the cause(s) stated. (Signature & Title) due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED STEPHEN ALBERT BAEZ M.D. 21b DATE SIGNED (Mo/Day/Yr) 22b. DATE SIGNED (Mo/Day/Yr) 21c HOUR OF DEATH CERTIFIER April 12, 2011 12:29 22e; PRONOUNCED DEAD AT (Hour) 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 22d PRONOUNCED DEAD (Mo/Day/Yr) 23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23b LICENSE NUMBER 9615 Stephen Albert Baez M.D. 236 W Sixth St #100 Reno, NV 89503. REGISTRAR (Signature) 24c DEATH DUE TO COMMUNICABLE DISEASE 24b DATE RECEIVED BY REGISTRAR 4. BRIDGES SANDI (Mo/Day/Yr) YES | NO X April 18, 2011 SIGNATURE AUTHENTICATED Interval between onset and death CAUSE OF 25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Respiratory failure Days: DEATH -117w () Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF. Sepsis, organism unknown 🚐 🔾 Davs CONDITIONS IF ANY WHICH DUE TO, OR AS A CONSEQUENCE OF: ... Interval between onset and death GAVE RISE TO Metastatic ovarian carcinoma i si vii Months IMMEDIATE CAUSE STATING THE UNDERLYING DUE TO, OR AS A CONSEQUENCE OF CAUSE LAST PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1 26, AUTOPSY 27 WAS CASE REFERRED (Specify Yes or No) ∶Yes 28d DESCRIBE HOW INJURY OCCURRED 28c. HOUR OF INJURY

STATE REGISTRAR

28g. LOCATION

Information Corrected, State Affidavit# 55436, 06/28/2011 - 13

building, etc. (Specify).

392264

CERTIFIED COPY OF VITAL RECORDS ZA WINCE

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:

JUN 2 8 2011

28f PLACE OF INJURY- At home, farm, street, factory, office

STATE REGISTRAR

STREET OR R F D No



CITY OR TOWN: --

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