

DOC # 789617  
09/16/2011 12:34PM Deputy: GB  
**OFFICIAL RECORD**  
Requested By:  
First American Title Reno  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 3 Fee: \$16.00  
BK-911 PG-2623 RPTT: 0.00



APN# 1220-16-210-086

**Recording Requested by:**

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

This instrument is being recorded as an "Accommodation Only" by First American Title Insurance Company and has not been examined as to its validity, execution or its effect upon title, if any.

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: NRS 440.380  
(State specific law)

K. Duray Escrow Assistant  
Signature Title

Kellee Duray  
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)



This instrument is being recorded as an "Accommodation Only" by First American Title Insurance Company and has not been examined as to its validity, execution or its effect upon title, if any.

A.P.N.: 1220-16-210-086  
File No: 143-2413169 (SC)

When Recorded return to, and mail Tax Statements to:  
Norma Faye Gremore  
1299 Manhattan Way  
Gardnerville, NV 89460

### AFFIDAVIT - TERMINATING JOINT TENANCY

**Norma Faye Gremore**, of legal age, being first duly sworn, deposes and says:

That **William Martin Gremore**, 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 Bargain and Sale Deed** dated **November 20th, 2001** executed by **Sharon Kaye Gremore, William M. Gremore, and Norma Faye Gremore** to **William M. Gremore and Norma Faye Gremore** as joint tenants, recorded as Document No. **528203** on **November 20th, 2001** in Book **1101** in Page **6405** of Official Records of **Douglas** County, **Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

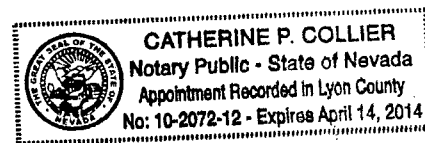
**Lot 1, in Block D, as said lot and block are shown on the certain map entitled "AMENDED MAP OF RANCHOS ESTATES", file for record on October 30, 1972, in Book 1072, Page 642 as Document No. 62493**

*Norma Faye Gremore*  
Norma Faye Gremore Date

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

This instrument was acknowledged before me on 9/12/11 by

*Norma Faye Gremore*  
*Catherine P. Collier*  
Notary Public  
(My commission expires: 4-14-14)



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

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

2011011292  
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>William Martin GREMORE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 09, 2011</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>Evergreen Gardnerville Health. &amp; Rehab Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>84</b>	
5. RACE <b>White (Specify)</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>Michigan</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>10</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Norma MYRACLE</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>July 12, 1926</b>	
13. SOCIAL SECURITY NUMBER <b>8044</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Owner</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Air Conditioning</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>915 Riverview Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Ward GREMORE</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Mable RETALLIC</b>		
18a. INFORMANT- NAME (Type or Print) <b>Norma GREMORE</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>915 Riverview Dr Gardnerville, Nevada 89460</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) <i>SIGNATURE AUTHENTICATED</i> <b>STEPHEN J HEWITT DO</b>			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>July 20, 2011</b>		21c. HOUR OF DEATH <b>19:45</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Dr. Stephen J Hewitt DO 1090 3rd Street #1 South Lake Tahoe, CA 96150</b>				23b. LICENSE NUMBER <b>1107</b>	
24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 22, 2011</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				Interval between onset and death	
(a) <b>Cardiopulmonary Arrest</b>				<b>Minutes</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Cerebrovascular Accident</b>				<b>Weeks</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Aspiration Pneumonia</b>				<b>Weeks</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) <b>No</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 911  
PG-2625

789617 Page: 3 of 3 09/16/2011

VRS-Rev-20110104

396869

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: 07/27/2011

*Rod Weber*  
STATE REGISTRAR  
*SIGNATURE AUTHENTICATED*

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

