

Requested By:
First American Title Mindel
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: \$16.00
BK-1111 PG-1776 RPTT: 0.00



APN# 1219-03-001-005

Recording Requested by:

Name: First American Title Insurance
Company
Address: 1673 Lucerne Street, Suite A
City/State/Zip: Minden, NV 89423
Order Number: 143-2414141

Affidavit Termination Joint Tenancy
(Title of Document)

(for Recorder's use only)

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)

Ronoma Signature
Escrow Title

Rishelle Thompson
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.: 1219-03-001-005
File No: 143-2414141 (Rt)


When Recorded return to, and mail Tax Statements to:
N. Stephen Holton
226 Beverly Way
Gardnerville, Nv

AFFIDAVIT - TERMINATING JOINT TENANCY

N. Stephen Holton, of legal age, being first duly sworn, deposes and says:

That **Kathy Holton AKA Kathleen Holton**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Kathy Holton AKA Kathleen Holton** named as one of the parties in that certain **GBS DEED** dated **4-19-02** executed by **David T. Hill and Sheila R. Hill** to **N. Stephen Holton and Kathy Holton** as joint tenants, recorded as Document No. **0541384** on **5-3-02** in Book **0502** page **01103** of Official Records of **Douglas** County, **Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

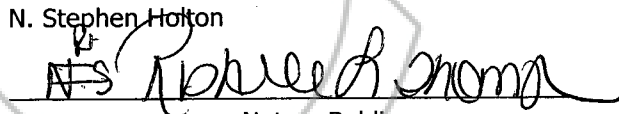
LOT 4, AS SHOWN ON THE MAP OF FOOTHILL ACRES, RECORDED DECEMBER 6, 1977, AS DOCUMENT NO. 15619, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA.



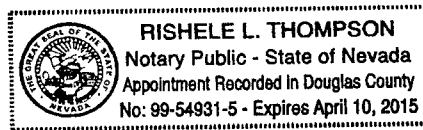
N. Stephen Holton Date **11/3/11**

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

This instrument was acknowledged before me on
11/3/11 by

N. Stephen Holton


Notary Public
(My commission expires: 4/10/11)



CERTIFICATION OF VITAL RECORD

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

2007009820
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

1a. DECEASED-NAME FIRST Kathleen			1b. MIDDLE Marie			1c. LAST HOLTON			2. DATE OF DEATH (Mo/Day/Year) November 02, 2007			3a. COUNTY OF DEATH Douglas		
3b. CITY, TOWN, OR LOCATION OF DEATH Minden				3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Hwy 395 and Muller Lane					3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. (Inpatient)(Specify)			4. SEX Female		
5. RACE-(e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic			7a. AGE-Last birthday (Years) 58		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) May 02, 1949		
9a. STATE OF BIRTH (If not U.S.A., name country) New Jersey			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Steve HOLTON			
13. SOCIAL SECURITY NUMBER ██████████4401				14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Customer Service					14b. KIND OF BUSINESS OR INDUSTRY Grocery Store					
15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Gardnerville			15d. STREET AND NUMBER 226 Beverly Way			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		

PARENTS

16. FATHER - NAME (First Middle Last Suffix) George V MORRIS						17. MOTHER - NAME (First Middle Last Suffix) Dorothy M MILLS					
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DISPOSITION

18a. INFORMANT- NAME (Type or Print) Steve HOLTON						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 226 Beverly Way Gardnerville, Nevada 89460					
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation				19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory				19c. LOCATION City or Town State Carson City Nevada 89701			
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410					

TRADE CALL

TRADE CALL - NAME AND ADDRESS

CERTIFIER

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) BERNADETTE SMITH 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) BERNADETTE SMITH SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) November 09, 2007		21c. HOUR OF DEATH 08:18		22b. DATE SIGNED (Mo/Day/Yr) November 09, 2007		22c. HOUR OF DEATH 08:18			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Deputy Coroner BERNADETTE SMITH P.O. Box 218 Minden, NV 89423						22d. PRONOUNCED DEAD (Mo/Day/Yr) November 02, 2007		22e. PRONOUNCED DEAD AT (Hour) 08:18	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner BERNADETTE SMITH P.O. Box 218 Minden, NV 89423								23b. LICENSE NUMBER 369	

REGISTRAR

24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 09, 2007		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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CAUSE OF DEATH

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)								Interval between onset and death			
PART I (a) Multiple Injuries								Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:								Interval between onset and death			
(b) Blunt Force Trauma								Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:								Interval between onset and death			
(c) OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.								Interval between onset and death			
26. AUTOPSY (Specify Yes or No) Yes						27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr) November 02, 2007		28c. HOUR OF INJURY 0754		28d. DESCRIBE HOW INJURY OCCURRED Traffic Accident					
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Hwy 395 and Muller Lane				28g. LOCATION STREET OR R.F.D. No. Hwy 395 and Muller Lane		CITY OR TOWN Minden		STATE Nevada	

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

STATE REGISTRAR



BK 1111
PG-1778

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VRS-Rev



176413

CERTIFIED COPY OF VITAL RECORDS

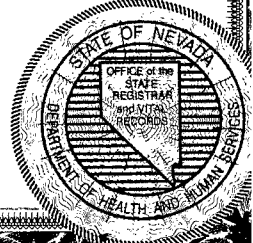
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

11/14/2007

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE