

16-
Assessor's Parcel Number: 1022-11-002-011

Recording Requested By:

✓ Name: Ray Keffer

Address: 4075 Eagle Mt. Rd.

City/State/Zip Wellington, NV 89444

Real Property Transfer Tax:

DOC # **0793059**
11/22/2011 01:40 PM Deputy: GB
OFFICIAL RECORD
Requested By:
RAY KEFFER

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 3 Fee: 16.00
BK-1111 PG-4947 RPTT: 0.00



\$ _____

^{Death}
Affidavit Terminating Joint Tenancy
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

AFFIDAVIT TERMINATING JOINT TENANCY

State of Nevada)
) ss.
County of Douglas)

RAY A. KEFFER being first duly sworn, deposes and says that affiant is over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

That affiant RAY A. KEFFER is the surviving spouse of HARRIET E. KEFFER, deceased;

That the decedent, HARRIET E. KEFFER, died in the town of Gardnerville, County of Douglas, State of Nevada on June 20, 2011. A certified copy of the Certificate Of Death of the decedent, HARRIET E. KEFFER, is attached hereto and incorporated herein by reference as EXHIBIT "A;"

That on or before October 4, 1993, the undersigned affiant RAY A. KEFFER and the decedent, HARRIET E. KEFFER, acquired title as joint tenants to a parcel of property situated in Douglas County, Nevada, by Grant Deed recorded as Document No. 319325 in Book 1093, Page 0276, of the Official Records of the County Recorder of Douglas County, Nevada. Said property is commonly known as: 4075 Eagle Mountain Road, Wellington, Nevada, 89444; and is more fully described as follows:

Lot 37, as shown on the map of Topaz Ranch Estates No. 1, filed in the office of the Douglas County Recorder of Douglas County, Nevada on December 4, 1963, in Book 20, Page 717, Document 23963. Including all improvements and attachments thereto.

That at the time of the death of the decedent, HARRIET E. KEFFER, title to the real property described above continued to be held by the decedent, HARRIET E. KEFFER and RAY A. KEFFER, as joint tenants. As a result of the death of the decedent, HARRIET E. KEFFER and the joint tenancy form of title, the real property described herein above is now owned solely by RAY A. KEFFER.

Raymond A. Keffer
RAY A. KEFFER

Subscribed and sworn to before me this 10th day of November, 2011.

Sherri L. Ence
Notary Public in and for said County and State



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2011009553
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) Harriet E KEFFER		2. DATE OF DEATH (Mo/Day/Year) June 13, 2011		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Carson Valley Medical Center		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 83		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 31, 1927		9a. STATE OF BIRTH (If not U.S.A., name country) Ohio		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Raymond A KEFFER	
13. SOCIAL SECURITY NUMBER 2076		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lyon		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 4075 Eagle Mountain Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First Middle Last Suffix) LEFFINGWELL			17. MOTHER/PARENT - NAME (First Middle Last Suffix) STANHOPE		
18a. INFORMANT - NAME (Type or Print) Raymond A KEFFER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4075 Eagle Mountain Road Wellington, Nevada 89444			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION - City or Town - State Reno Nevada 89501	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLENE TEDFORD		20b. FUNERAL DIRECTOR LICENSE 747		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 390 E. Moana Ln. Suite D1 Reno NV 89502	
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) DAVID A JOHNSON			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) June 20, 2011		21c. HOUR OF DEATH 08:20		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) David A Johnson UNSOM Brigham Bldg/316 Reno, NV 89557				23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) JENELLE ENGLISH		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 22, 2011		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).)				Interval between onset and death	
PART I					
(a) Respiratory Failure				Interval between onset and death	
(b) End Stage Chronic Obstructive Pulmonary Disease				>10 Years	
(c)				Interval between onset and death	
(d)				Interval between onset and death	
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) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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- 1111
PG- 4949
0793059 Page: 3 Of 3 11/22/2011

VRS-Rev-20110104

392047 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: **06/23/2011**

R. J. Whitt
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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