

17-
Assessor's Parcel Number: 1220-24-410-009

Recording Requested By:

✓ Name: PAUL G. MILLER

Address: 632 FRONTAGE RD.

City/State/Zip GARDNERVILLE NV.
89410

Real Property Transfer Tax:

DOC # **0795971**
01/18/2012 09:53 AM Deputy: PK
OFFICIAL RECORD
Requested By:
PAUL G MILLER

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0112 PG- 2998 RPTT: 0.00



\$ _____

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)
County of Douglas) ss.

PAUL G. MILLER being first duly sworn, deposes and says that affiant is over the age of 21 years and competent to be a witness as to the matters hereinafter stated.

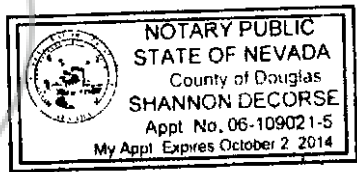
That affiant is Paul G. Miller the person named as Paul G miller, one of the grantees in that certain deed recorded on April 24, 2008, as Document No. 722094 in Book 408, Page 6066, in the office of the County Recorder of Douglas County, Nevada.

That Stacey A. Moran was one of the grantees named in said deed and was the identical person named as Stacey A Moran, the decedent, in that certain Death Certificate, a certified copy of which is attached hereto and made a part hereof.

Paul G. Miller
(SIGNATURE) Paul G Miller

Subscribed and sworn to before me this 18th day of February, 2012

Shannon Decorse
Notary Public in and for said County and State



**Legal Description of
632 Frontage Road
Gardnerville, Nevada 89410**

**Lot 9, as shown on the map of Riverview Estates, filed in
the office of The Douglas County Recorder on
December 15, 1965, as File No. 30403**

**APN: 1220-24-410-009
Doc No: 722094
Douglas County Recorder's Office**

**When Recorded Mail To: Mail Tax Statements To:
Paul G Miller
632 Frontage Road
Gardnerville, Nevada 89410**

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2011011457
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Stacey A MORAN		2. DATE OF DEATH (Mo/Day/Year) July 09, 2011		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP, Emer. Rm Inpatient(Specify) Inpatient	
4. SEX Female		7a. AGE-Last birthday (Years) 49		7c. UNDER 1 DAY MOS DAYS HOURS MINS	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR	
8. DATE OF BIRTH (Mo/Day/Yr) February 22, 1962		9a. STATE OF BIRTH (If not U.S.A. name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (If wife, give maiden name)	
13. SOCIAL SECURITY NUMBER 4049		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Secretary		14b. KIND OF BUSINESS OR INDUSTRY Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 632 Frontage Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Brian CROCKETT			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Linda BALL		
18a. INFORMANT- NAME (Type or Print) Brittany ALICEA			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 10428 Hallmark Blvd Riverview, Florida 33578		
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 <i>SIGNATURE AUTHENTICATED</i>		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 - 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) RICHARD HUDSON BRYAN M.D. <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) July 22, 2011		21c. HOUR OF DEATH 15:20		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) Richard Hudson Bryan M.D. 75 Pringle Way #401 Reno, NV 89502				23b. LICENSE NUMBER 7744	
24a. REGISTRAR (Signature) BRIDGES SANDI <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 27, 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).)					
PART I (a) Cardiac arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF (b) Cardiomyopathy				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF (c) Anoxic encephalopathy				Interval between onset and death	
(d) Unknown etiology				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
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



0795971 Page: 4 Of 4 01/18/2012

BK- 0112
PG- 3001

VRS-Rev-20110104

396789 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: 07/29/2011

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

