

APN# 1320-33-714-015

**Recording Requested by:**

Name: Wilford R. Harmon

Address: 1332 Petar Dr.

City/State/Zip: Gardnerville, NV 89410

**When Recorded Mail to:**

Name: Same as above

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Mail Tax Statement to:**

Name: same as above

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

DOC # **798321**  
03/05/2012 03:36PM Deputy: PK  
**OFFICIAL RECORD**

Requested By:  
**John Gavin Real Estate & L**  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 4 Fee: \$17.00  
BK-312 PG-704 RPTT: 0.00



( for Recorder's use only )

AFFIDAVIT TERMINATING JOINT TENANCY

**( Title of Document )**

**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 personal information 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 personal information of a person or persons as required by law: NRS 440.380  
(State specific law)

Wilford R. Harmon  
**Signature**

AFFIANT GRANTOR  
**Title**

Wilford R. Harmon  
**Printed Name**

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink. (Additional recording fee applies)



APN# 1320-33-714-015

Recording requested by and  
WHEN RECORDED MAIL TO:

Wilford R. Harmon  
5600 Pony Express Trail  
Camino, CA 95709

AFFIDAVIT TERMINATING JOINT TENANCY

I, Wilford R. Harmon, being first duly sworn, depose and say that:

THAT, Jerry L. Harmon, died on or about February 10, 2012; and a copy of the Certificate of Death is attached hereto as Exhibit "A", and incorporated herein by this reference.


THAT the conveyance by which the joint tenancy was created is that Grant, Bargain, Sale Deed dated December 01, 2000, in which Grantors were West Ridge Homes, Inc., a Nevada Corporation, and Grantees were Wilford R. Harmon and Jerry L. Harmon, husband and wife, as joint tenants, recorded December 21, 2000 in Official records of Douglas County, Nevada, in Document No. 505503.

3. The real property is situate in Douglas County, State of Nevada, and more particularly described as follows:

LOT 15, BLOCK A, AS SET FORTH ON FINAL SUBDIVISION MAP NO. 1006-6 FOR CHICHESTER ESTATES, PHASE 6, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA AND RECORDED FEBRUARY 16, 2000 IN BOOK 0200, PAGE 2552, AS DOCUMENT NO. 486411.

THAT the undersigned does hereby swear under penalty of perjury that the foregoing assertions are true and correct.

DATED: March 5, 2012.

  
\_\_\_\_\_  
Wilford R. Harmon

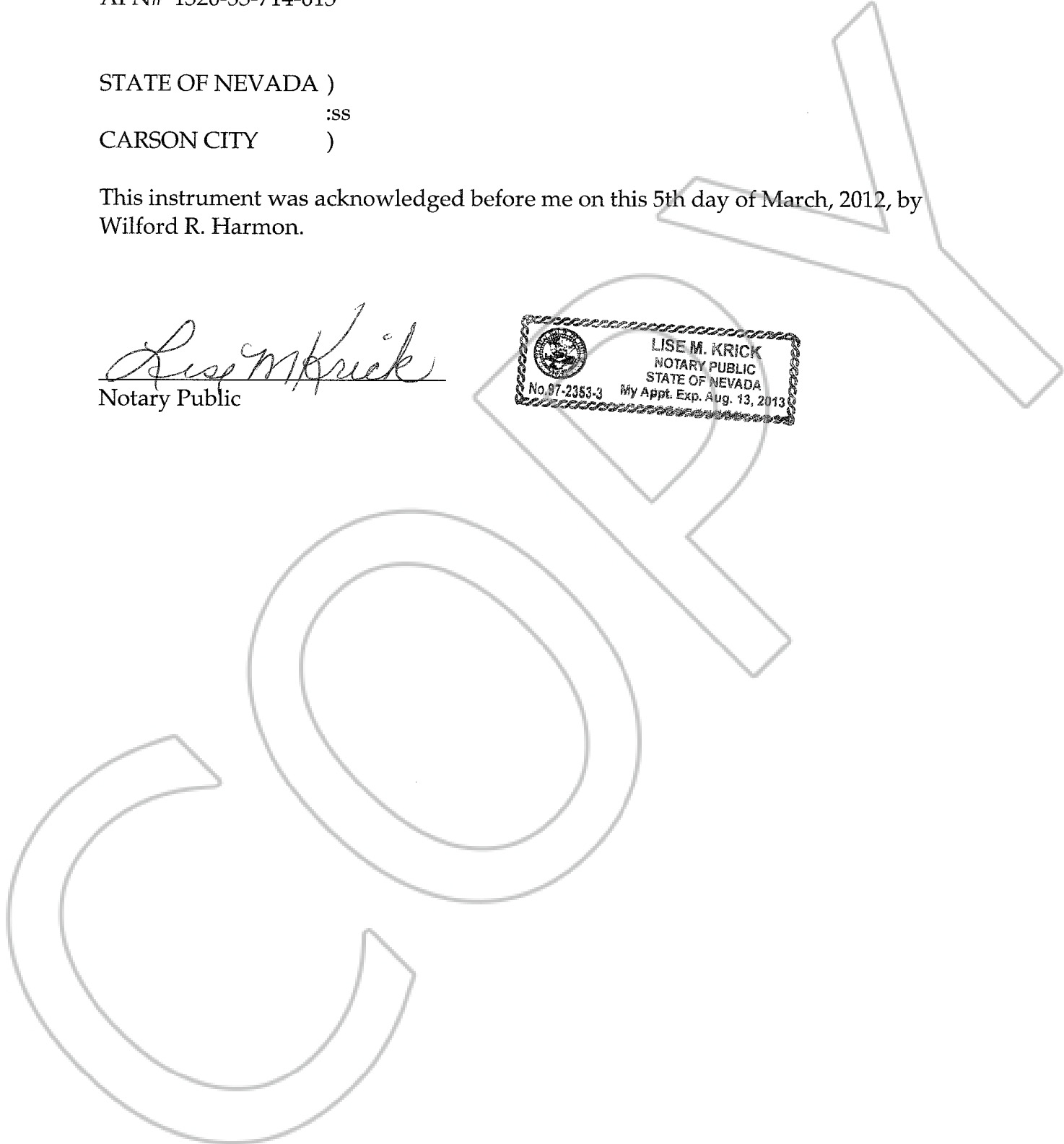
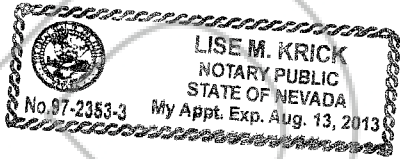


APN# 1320-33-714-015

STATE OF NEVADA )  
  :SS  
CARSON CITY        )

This instrument was acknowledged before me on this 5th day of March, 2012, by  
Wilford R. Harmon.

  
\_\_\_\_\_  
Notary Public



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

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

**2012002342**  
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>Jerry Lynn HARMON</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 10, 2012</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>1332 Petar Dr.</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Female</b>		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>69</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>July 28, 1942</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>Illinois</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>Wilford HARMON</b>	
13. SOCIAL SECURITY NUMBER <b>██████████7218</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Homemaker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</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>1332 Petar Dr.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Joseph BAHLING</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Luella MCCARTY</b>		18a. INFORMANT- NAME (Type or Print) <b>Jolene COURINGTON</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>8225 Basswood Way Citrus Heights, California 95621</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>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>JORGE HERMAN PEREZ-CARDONA M.D.</b> <i>SIGNATURE AUTHENTICATED</i>		21b. DATE SIGNED (Mo/Day/Yr) <b>February 16, 2012</b>		21c. HOUR OF DEATH <b>08:56</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Perez-Cardona, Jorge Hernan</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)		22b. DATE SIGNED (Mo/Day/Yr)	
22c. HOUR OF DEATH		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) <b>Jorge Hernan Perez-Cardona M.D. 1000 N. Division Street #104 Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>10108</b>		24a. REGISTRAR (Signature) <b>MICHELE L YOUNG</b> <i>SIGNATURE AUTHENTICATED</i>	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 17, 2012</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 (a) <b>Lung Cancer</b> DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.	
26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26. DATE OF INJURY (Mo/Day/Yr)		26. HOUR OF INJURY	
26. DESCRIBE HOW INJURY OCCURRED		26. INJURY AT WORK (Specify Yes or No)		26. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)	
26. LOCATION		26. STREET OR R.F.D. No.		26. CITY OR TOWN	
26. STATE		26. AUTOPSY (Specify Yes or No) <b>No</b>		26. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	

STATE REGISTRAR



BK 312  
PG-707

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VRS-Rev-20110104

423953

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: 02/21/2012

*Rod White*  
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

