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APN: 1320-32-115-002

Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: 16.00
BK-0812 PG- 3707 RPTT: 0.00

When Recorded Mail To:

ROWE & HALES, LLP
James R. Hales, Esq.
P.O. Box 2080
Minden, NV 89423



Send Tax Statements To:

Helen Chappell
1619 Wildrose Drive
Minden, NV 89423

**AFFIDAVIT OF TERMINATION OF JOINT TENANCY
(Death of Joint Tenant)**

I, Helen Chappell, being of legal age and being first duly sworn, deposes and says:

Affiant was the wife of Richard Leroy Chappell, up to and until his death.

Richard Leroy Chappell died on the 17th day of July, 2012, in Douglas County, Nevada.

Richard Leroy Chappell, the decedent mentioned in the attached certified copy of Certificate of Death, is named as one of the parties in that certain Grant Deed, dated the 7th day of December, 1999, executed by Helen J. Chappell to Richard L. Chappell and Helen J. Chappell, holding title as joint tenants, recorded as Instrument No. 0482147 on the 8th day of December, 1999, in Book 1299, Page 1300 of the Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

Lot 3, Block A, as shown on the Official Map of WILDROSE NO. 3, UNIT1, recorded in the Office of the County Recorder October 22, 1971, in Book 1 of Maps as Document No. 55071, Douglas County Records, commonly known as 1619 Wildrose Drive, Minden, Nevada.

Per NRS 111.312, this legal description was previously recorded as Instrument No. 0482147 on the 8th day of December, 1999, in Book 1299, Page 1300 of the Official Records of Douglas County, Nevada.

Pursuant to NRS 239B.030(4), I affirm that this instrument does not contain the social security number of any person, in that the social security number has been redacted from the Death Certificate.

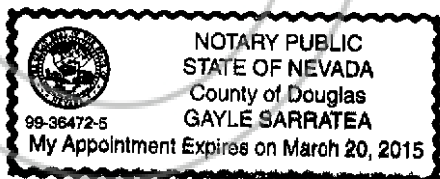
IN WITNESS WHEREOF, I have hereunto set my hand this 15 day of August, 2012.

Helen J. Chappell
Helen Chappell

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on the 15th day of Aug, 2012, by Helen Chappell.

WITNESS my hand and official seal.



Gayle Sarratea
NOTARY PUBLIC

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2012011465
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) Richard LeRoy CHAPPELL		2. DATE OF DEATH (Mo/Day/Year) July 17, 2012		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) Gardnerville Health & Rehab		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. DATE OF BIRTH (Mo/Day/Yr) July 04, 1934	
7a. AGE-Last birthday (Years) 78		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. Hispanic Origin? Specify No - Non-Hispanic		9a. STATE OF BIRTH (If not U.S.A., name country) California		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) Helen JAUN SARAS	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Business Owner		14b. KIND OF BUSINESS OR INDUSTRY Restaurant	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1619 Wildrose Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Frank CHAPPELL			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Julia PEDRO		
18a. INFORMANT - NAME (Type or Print) Helen CHAPPELL			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1619 Wildrose Dr Minden, Nevada 89423		
18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		18b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		18c. LOCATION City or Town State Carson City Nevada 89705	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 820		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street 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) ANDREA K WEED DO 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)		
21b. DATE SIGNED (Mo/Day/Yr) July 24, 2012		21c. HOUR OF DEATH 10:05		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) ANDREA K WEED DO 1007 N. Curry Street STE 300 Carson City, NV 89703					23b. LICENSE NUMBER
24a. REGISTRAR (Signature) MICHELE L YOUNG SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 24, 2012		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) Acute Chronic Renal Failure					Months
(b) ESSENTIAL HYPERTENSION					Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF RHEUMATOID ARTHRITIS					Years
(d) DUE TO, OR AS A CONSEQUENCE OF PERIPHERAL VASCULAR DISEASE					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. Tobacco Disease					Interval between onset and death
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

365002

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BK- 0812
PG- 3709

VRB-Rev-20120523a

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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: 07/25/2012

Rick Noel
SIGNATURE AUTHENTICATED

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

