

Requested By:
First American Title Mindel
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: \$16.00
BK-912 PG-593 RPTT: 0.00



APN# 1320-30-311-030

Recording Requested by:
Name: First American Title Insurance Company
Address: 1663 US Highway 395, Suite 101
City/State/Zip: Minden, NV 89423
Order Number: 143-2429724

AFFIDAVIT- TERMINATING JOINT TENANCY (for Recorder's use only)
(Title of Document)

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: 440.360

(State specific law)

Suzanne Cheechov, Escrow officer
Signature Title

Suzanne Cheechov
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.: 1320-30-311-030
File No: 143-2429724 (SC)

When Recorded return to, and mail Tax Statements to:
Sharon Ehrig
11080 Elm Avenue
Rancho Cucamonga, CA. 91730

AFFIDAVIT - TERMINATING JOINT TENANCY

Sharon Ehrig, of legal age, being first duly sworn, deposes and says:
and Donald L. Swierstra

That **Allen Prater**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Allen Prater** named as one of the parties in that certain **Quitclaim Deed** dated **September 16, 2003** executed by **Allen Prater and Shirley Prater** to **Allen Prater and Shirley Prater** as joint tenants, recorded as Document No. **0590765** on **September 22, 2003** in Book **0903**, page **11752** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

LOT 5 IN BLOCK D AS SET FORTH ON FINAL MAP OF WESTWOOD VILLAGE UNIT NO. III, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON AUGUST 31, 1989 IN BOOK 889, PAGE 4564, AS DOCUMENT NO. 209883

STATE OF CA

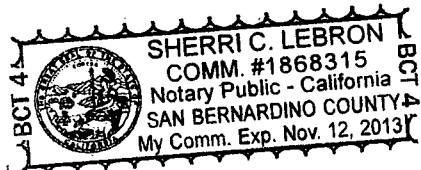
COUNTY OF *San Bernardino*

Sharon Ehrig
Sharon Ehrig
Date *9/2/12*
Donald L Swierstra
Date *9/2/12*
:SS. Donald L Swierstra

This instrument was acknowledged before me on *9/2/12* by *SHARON EHRIG* and *Donald L. Swierstra*

Sherril C. Lebron
Notary Public

(My commission expires: *11-12-13*)



CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2012007980

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) Allen PRATER		2. DATE OF DEATH (Mo/Day/Year) May 17, 2012		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		8. DATE OF BIRTH (Mo/Day/Yr) December 09, 1935	
6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 76		7b. UNDER 1 YEAR MOS DAYS	
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) Shirley Ethel CONN		13. SOCIAL SECURITY NUMBER 3800	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Police Officer		14b. KIND OF BUSINESS OR INDUSTRY Law Enforcement		Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 865 Longleaf Place		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) John Hardin PRATER	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Pearl PEROIT		18a. INFORMANT - NAME (Type or Print) Glen PRATER		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 9219 Middlefield Drive Riverside, California 92508	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) TREVOR PHAN M.D. <i>SIGNATURE AUTHENTICATED</i>		21b. DATE SIGNED (Mo/Day/Yr) May 21, 2012		21c. HOUR OF DEATH 22:59	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) TREVOR PHAN M.D. 1600 Medical Parkway Carson City, NV 89702		23b. LICENSE NUMBER 12765			
24a. REGISTRAR (Signature) MICHELE L YOUNG <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 23, 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))		Interval between onset and death			
PART I (a) Pneumonia, Parapneumonic Effusion		Interval between onset and death			
(b) Dysphagia		Interval between onset and death			
(c) Intracranial Bleed		Interval between onset and death			
(d) Hypertension, Congestive Heart Failure		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. Acute Renal Failure		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 912
PG-595

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VRS-Rev-20120523a

437374

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:

06/04/2012

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

R. J. Whelan
STATE REGISTRAR
SIGNATURE AUTHENTICATED

