

DOC # 814541
12/13/2012 03:48PM Deputy: AR
OFFICIAL RECORD

Requested By:
First American Title State
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$17.00
BK-1212 PG-3829 RPTT: 0.00



APN# 1320-35-002-055

Recording Requested by:

Name: First American Title Insurance
Company
Address: P.O. Box 645
City/State/Zip: Zephyr Cove, NV 89448
Order Number: 141-2426243

Affidavit Terminating Joint Tenancy (for Recorder's use only)
(Title of Document) 0

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: NRS 440380

(State specific law)

Signature

Escrow officer
Title

Nicole Peterson
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.: 1320-35-002-055
File No: 141-2426243 (NMP)

When Recorded return to, and mail Tax Statements to:
Curtis

1975 Junction Court
Concord, CA 94518

AFFIDAVIT - TERMINATING JOINT TENANCY

Babette P. Curtis, of legal age, being first duly sworn, deposes and says:

That **Gerald H. Curtis**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Gerald H. Curtis** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **April 9, 2003** executed by **Gerald H. Curtis and Babette P. Curtis, Trustees of The Curtis Family Living Trust, dated February 20, 1990** to **Babette P. Curtis and Gerald H. Curtis** as joint tenants, recorded as Document No. **0574038** on **April 18, 2003** in Book **0403, Page 09044** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

LOT 3, IN BLOCK H, AS SHOWN ON THE FINAL MAP OF WILDFLOWER RIDGE UNIT 7B, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON OCTOBER 2, 1991, IN BOOK 1091, PAGE 331, AS DOCUMENT NO. 261707.

Babette P. Curtis 12/7/12
Babette P. Curtis Date

STATE OF **NEVADA** CA)
)
) :SS.
COUNTY OF ~~DOUGLAS~~ Contra)
 Costa)

This instrument was acknowledged before me on
12/7/2012 by

Babette P. Curtis

Notary Public
(My commission expires: 2/6/2015)





ACKNOWLEDGMENT

State of California
County of Contra Costa

On 12/7/2012 before me, A. Monk, Notary Public
(insert name and title of the officer)

personally appeared Babette P. Curtis,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he/she/they executed the same in
his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing
paragraph is true and correct.

WITNESS my hand and official seal.

Signature [Handwritten Signature]

(Seal)



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA
 MARTINEZ, CALIFORNIA

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
 USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
 VS-11 (REV. 3/05)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) GERALD		2. MIDDLE HARRY	
3. LAST (Family) CURTIS		AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) Jerry Curtis	
4. DATE OF BIRTH mm/dd/ccyy 08/07/1931		5. AGE Yrs. 75	
6. SEX M		IF UNDER ONE YEAR Months Days Hours Minutes	
7. DATE OF DEATH mm/dd/ccyy 08/25/2006		8. HOUR (24 Hours) 1110	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 1503	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SRDP* (at Time of Death) Married	
13. EDUCATION - Highest Level/Degree (see worksheet on back) HS Graduate		14/15. WAS DECEDENT HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) White		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED Shift Supervisor	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) Public Transportation		19. YEARS IN OCCUPATION 20	
20. DECEDENT'S RESIDENCE (Street and number, or location) 4121 N. Anchor Ct.			
21. CITY Discovery Bay		22. COUNTY/PROVINCE Contra Costa	
23. ZIP CODE 94514		24. YEARS IN COUNTY 31	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP Peri Curtis, Wife	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 4121 N. Anchor Ct., Discovery Bay, CA 94514			
28. NAME OF SURVIVING SPOUSE/SRDP*-FIRST Peri		29. MIDDLE B.	
30. LAST (BIRTH NAME) Conner		31. NAME OF FATHER/PARENT - FIRST Irvin	
32. MIDDLE Joseph		33. LAST Curtis	
34. BIRTH STATE Nebraska		35. NAME OF MOTHER/PARENT - FIRST Margaret	
36. MIDDLE Katrina		37. LAST (BIRTH NAME) Socin	
38. BIRTH STATE California		39. DISPOSITION DATE mm/dd/ccyy 08/30/2006	
40. PLACE OF FINAL DISPOSITION Res. of Peri Curtis, 4121 N. Anchor Ct., Discovery Bay, CA 94514		41. TYPE OF DISPOSITION(S) CR/RES	
42. SIGNATURE OF EMBALMER Not Embalmed		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT TraditionCare Funeral Services		45. LICENSE NUMBER EB1674	
46. SIGNATURE OF LOCAL REGISTRAR Wendel Brunner		47. DATE mm/dd/ccyy 08/29/2006	
101. PLACE OF DEATH Own residence		102. IF HOSPITAL, SPECIFY ONLY <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> OOA <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
103. IF OTHER THAN HOSPITAL, SPECIFY CAUSE <input type="checkbox"/> Nursing Home <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		104. COUNTY Contra Costa	
105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 4121 N. Anchor Ct.		106. CITY Discovery Bay	
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries or complications that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Metastatic Small Cell Cancer of Lung		108. DEATH REPORTED TO CORONER Time Interval Between Onset and Death (AT) 14 Mos.	
109. BIOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 Coronary Artery Disease, Renal Insufficiency	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) Thoracotomy 05/24/2005		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Cause mm/dd/ccyy 06/09/2005		115. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Last Seen Alive mm/dd/ccyy 08/21/2006	
116. LICENSE NUMBER G18699		117. DATE 08/28/2006	
118. FULL ATTENDING PHYSICIAN NAME (Including all initials and code) John Simmons, M.D.			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
121. INJURY DATE mm/dd/ccyy		122. HOURS (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)			
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/ccyy	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		FAX AUTH.# 4330 JM	
STATE REGISTRAR		CENSUS TRACT	

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 BK 1212
 PG-3832

CERTIFIED COPY OF VITAL RECORDS

000621687



STATE OF CALIFORNIA
 COUNTY OF CONTRA COSTA } SS DATE ISSUED

AUG 31 2006

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY DEPARTMENT OF HEALTH SERVICES.

Wendel Brunner (M) CONTRA COSTA COUNTY HEALTH OFFICER



This copy not valid unless prepared on engraved border displaying seal and signature of Contra Costa County Health Officer.