

DOC # 816390  
01/16/2013 01:08PM Deputy: PK  
OFFICIAL RECORD

Requested By:  
First American Title Mindel  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 3 Fee: \$16.00  
BK-113 PG-4353 RPTT: 0.00



APN# 1220-22-410-099

Recording Requested by:  
Name: First American Title Insurance Company  
Address: 1663 US Highway 395, Suite 101  
City/State/Zip: Minden, NV 89423  
Order Number: 143-2438512

*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: 480.360  
(State specific law)

*Melissa J. Gyll* Recorder Asst  
Signature Title

Melissa J. Gyll  
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.: 1220-22-410-099  
File No: 143-2438512 (Rt)

When Recorded return to, and mail Tax Statements to:

Robin L. Parker  
1428 Muir Drive  
Gardnerville, NV 89410

### AFFIDAVIT - TERMINATING JOINT TENANCY

**Robin L. Parker**, of legal age, being first duly sworn, deposes and says:

That **Royce E. Eastland**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Royce E. Eastland** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **7-27-99** executed by **Royce E. Eastland** to **Royce E. Eastland and Robin L. Parker** as joint tenants, recorded as Document No. **0474188** on **8-10-99** in Book **899** page **1843** of Official Records of **Douglas** County, **Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

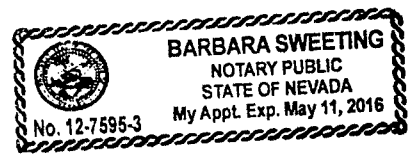
**LOT 904, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 7, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MARCH 27, 1974, IN BOOK 374, PAGE 676 AS FILE NO. 72456.**

Robin L. Parker 1-7-13<sup>3</sup>  
Robin L. Parker Date

STATE OF **NEVADA** )  
 )  
 ) :SS.  
COUNTY OF **DOUGLAS** )

This instrument was acknowledged before me on January  
7, 2013 by

Robin L. Parker  
Barbara Sweeting  
Notary Public  
(My commission expires: 5-11-2016)



CERTIFICATION OF VITAL RECORD

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

2012011291
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

Main form containing fields for: 1a. DECEASED NAME (Royce E EASTLAND), 2. DATE OF DEATH (July 15, 2012), 3a. COUNTY OF DEATH (Douglas), 3b. CITY, TOWN, OR LOCATION OF DEATH (Gardnerville), 5. RACE (White), 7a. AGE (84), 8. DATE OF BIRTH (April 17, 1928), 9a. STATE OF BIRTH (Illinois), 9b. CITIZEN OF WHAT COUNTRY (United States), 10. EDUCATION (12), 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) (Widowed), 12. SURVIVING SPOUSE (if wife, give maiden name), 13. SOCIAL SECURITY NUMBER (2210), 14a. USUAL OCCUPATION (Homemaker), 14b. KIND OF BUSINESS OR INDUSTRY (Own Home), 15a. RESIDENCE - STATE (Nevada), 15b. COUNTY (Douglas), 15c. CITY, TOWN OR LOCATION (Gardnerville), 15d. STREET AND NUMBER (1478 Kathy Way), 15e. INSIDE CITY LIMITS (Specify Yes or No) (Yes), 16. FATHER/PARENT - NAME (William E RIGGS), 17. MOTHER/PARENT - NAME (Edith WELLS), 18a. INFORMANT - NAME (Robin PARKER), 18b. MAILING ADDRESS (1428 Muir Dr, Gardnerville, Nevada 89460), 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) (Cremation), 19b. CEMETERY OR CREMATORY - NAME (Walton's Sierra Crematory), 19c. LOCATION - City or Town - State (Carson City Nevada 89706), 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) (JOSH FAULKNER SIGNATURE AUTHENTICATED), 20b. FUNERAL DIRECTOR LICENSE (775), 20c. NAME AND ADDRESS OF FACILITY (Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410), 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) (NITA SANDHU SCHWARTZ M.D. SIGNATURE AUTHENTICATED), 21b. DATE SIGNED (Mo/Day/Yr) (July 18, 2012), 21c. HOUR OF DEATH (06:05), 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) (Nita Sandhu Schwartz M.D. 710 W. Washington St. Carson City, NV 89703), 23b. LICENSE NUMBER (9114), 24a. REGISTRAR (Signature) (NICOLE SHORE SIGNATURE AUTHENTICATED), 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) (July 19, 2012), 24c. DEATH DUE TO COMMUNICABLE DISEASE (YES NO X), 25. IMMEDIATE CAUSE (PART I) (Cardiopulmonary Arrest), 25. IMMEDIATE CAUSE (PART II) (Chronic Obstructive Pulmonary Disease), 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 113
PG-4355

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VRS-Rev-20120523a

CERTIFIED COPY OF VITAL RECORDS

444994

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: 07/20/2012

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

STATE REGISTRAR SIGNATURE AUTHENTICATED

