

DOC # 820220  
03/19/2013 10:30AM Deputy: PK  
OFFICIAL RECORD

Requested By:  
First American Title Mindel  
Douglas County - NV  
Karen Ellison - Recorder  
Page: 1 of 4 Fee: \$17.00  
BK-313 PG-4675 RPTT: 0.00



APN# 1221-09-002-000

**Recording Requested by:**

Name: First American Title Insurance Company  
Address: 1663 US Highway 395, Suite 101  
City/State/Zip: Minden, NV 89423  
Order Number: 143-24405117

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: NRS 440380  
(State specific law)

R. Thompson Recorder  
Signature Title

R Thompson  
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.: 1221-09-002-006  
File No: 143-2440511 (Rt)

When Recorded return to, and mail Tax Statements to:  
James Kazen  
1060 Out RRWay  
Gardnerville, NV 89410

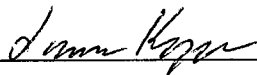
### AFFIDAVIT - TERMINATING JOINT TENANCY

**James Kazen**, of legal age, being first duly sworn, deposes and says:

That **Yvonne E. Kazen**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Yvonne E. Kazen** named as one of the parties in that certain **Joint Tenancy Deed** dated **12-27-94** executed by **Stoddard M. Jacobsen, Virginia C. Jacobsen, Terry M. Jacobsen and Mark E. Amodei, Co-Trustees of the Jacobsen Family 1982 Trust and Stoddard M. Jacobsen, Virginia C. Jacobsen, Terry M. Jacobsen and Mark E. Amodei, Co-Trustees of the Jacobsen Family Marital Trust and Stoddard M. Jacobsen, Virginia C. Jacobsen, Terry M. Jacobsen and Mark E. Amodei, Co-Trustees of the Jacobsen Family Residual Trust and Stoddard M. Jacobsen, Virginia C. Jacobsen, Terry M. Jacobsen and Mark E. Amodei, Co-Trustees of the Jacobsen Family Survivors Trust as their interest may appear to James Kazen and Yvonne E. Kazen, husband and wife as joint tenants with right of survivorship and not as tenants in common** as joint tenants, recorded as Document No. **353570** on **12-30-94** in Book **1294** page **4695** of Official Records of **Douglas** County, **Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

**SITUATE IN THE NORTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 9, TOWNSHIP 12 NORTH, RANGE 21 EAST, M.D.B.&M., MORE PARTICULARLY DESCRIBED AS FOLLOWS:**

**PARCEL 2-D-2 AS SET FORTH ON PARCEL MAP FOR JACOBSEN FAMILY TRUST, FILED FOR RECORD IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER ON JUNE 8, 1994 IN BOOK 694, AT PAGE 1347, AS DOCUMENT NO. 339243, OFFICIAL RECORDS.**

  
James Kazen  
3/19/13  
Date



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

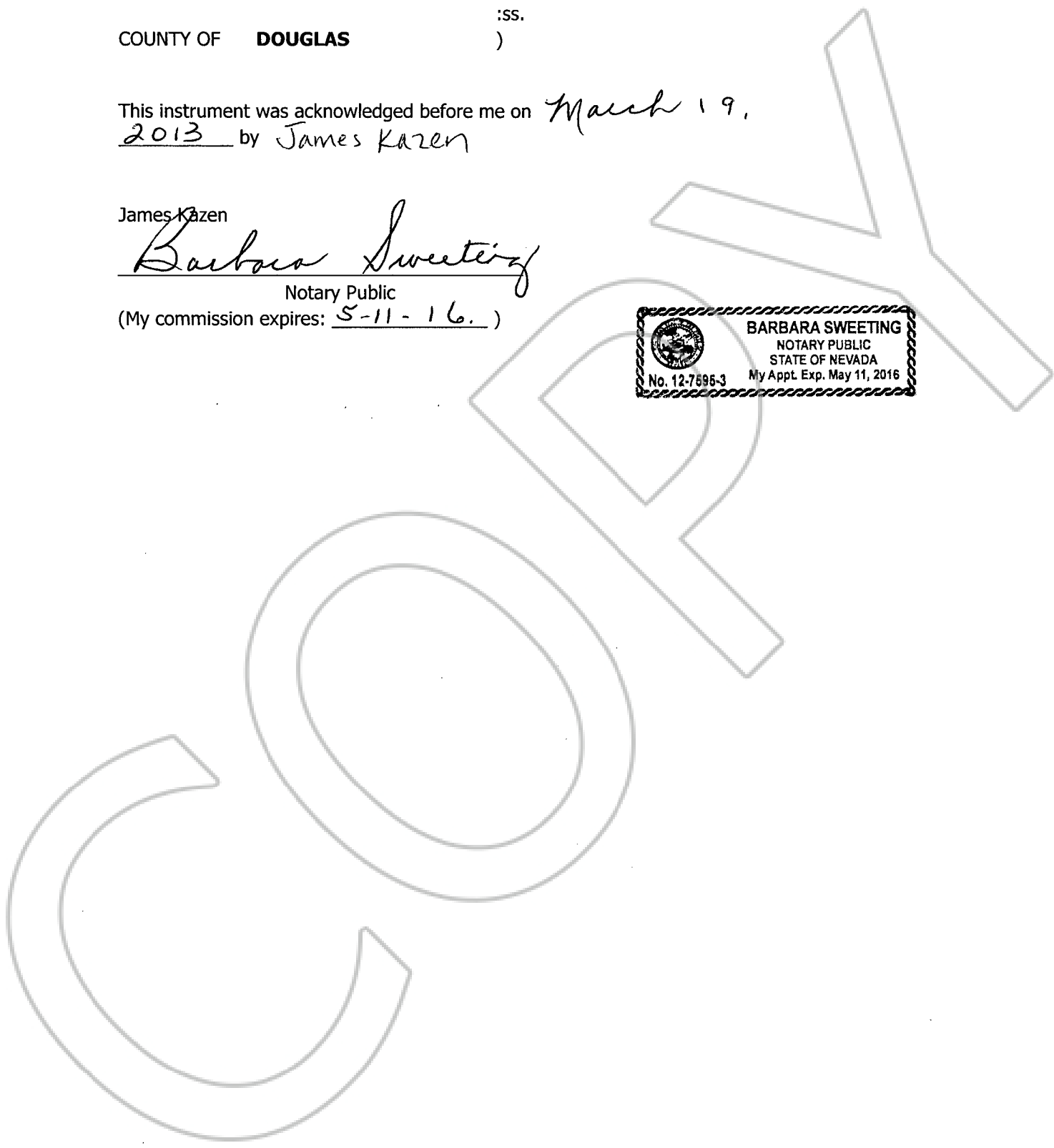
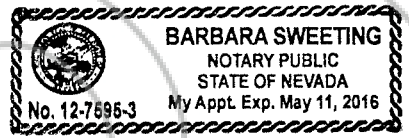
This instrument was acknowledged before me on March 19,  
2013 by James Kazen

James Kazen

Barbara Sweeting

Notary Public

(My commission expires: 5-11-16.)



STATE OF NEVADA  
**CERTIFICATION OF VITAL RECORD**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 DIVISION OF HEALTH  
 VITAL STATISTICS

**CERTIFICATE OF DEATH**

2012019591

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) Yvonne Ellen <b>KAZEN</b>		2. DATE OF DEATH (Mo/Day/Year) December 08, 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) 1060 Out-R-Way		3e. If Hosp. or Inst. indicate DOA,OP/Emor. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 61		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 14, 1951		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) James KAZEN	
13. SOCIAL SECURITY NUMBER [REDACTED] 9481		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) 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 1060 Out-R-Way		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Gene BURTON	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Margaret Eleanor BLACK		18a. INFORMANT - NAME (Type or Print) James KAZEN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1060 Out-R-Way Gardnerville, Nevada 89410	
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) <b>CURT KOESTLER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 823		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 11521 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) <b>SIGNATURE AUTHENTICATED</b> <b>DINA TACK MD</b>					
21b. DATE SIGNED (Mo/Day/Yr) December 11, 2012		21c. HOUR OF DEATH 09:10		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) DINA TACK MD 1535 Medical Pkwy #B Carson City, NV 89703				23b. LICENSE NUMBER 13333	
24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 12, 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					
(a) <b>Cardiac Arrest</b>					
DUE TO, OR AS A CONSEQUENCE OF					
(b) <b>Metastatic Lung Cancer</b>					
DUE TO, OR AS A CONSEQUENCE OF					
(c) <b>...</b>					
DUE TO, OR AS A CONSEQUENCE OF					
(d) <b>...</b>					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				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 313  
 PG-4678

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VRS-Rev-20120523a

462351

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:

12/12/2012

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

*R. D. White*  
 STATE REGISTRAR  
 SIGNATURE AUTHENTICATED

