

Requested By:
First American Title Mindel
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: \$16.00
BK-413 PG-4481 RPTT: 0.00



APN# 1220-16-210-043

Recording Requested by:
Name: First American Title Insurance Company
Address: 1663 US Highway 395, Suite 101
City/State/Zip: Minden, NV 89423
Order Number: 143-2444131RT

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 Signature Recorder 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.: 1220-16-210-043
File No: 143-2444131 (Rt)

When Recorded return to, and mail Tax Statements to:

Raymond R. Fetcho
1023 80th Ave
Sherburn, mn 54171

AFFIDAVIT - TERMINATING JOINT TENANCY

Raymond R. Fetcho, of legal age, being first duly sworn, deposes and says:

That **Carol A. Fetcho**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Carol A. Fetcho** named as one of the parties in that certain **Joint Tenancy Deed** dated **11-16-79** executed by **Paul E. O'Berry and Bruna O'Berry to Raymond R. Fetcho and Carol A. Fetcho** as joint tenants, recorded as Document No. **39260** on **12-3-79** in Book **1279** Page **016** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

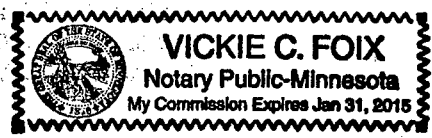
LOT 5 IN BLOCK B AS SAID LOT AND BLOCK ARE SHOWN ON THE AMENDED MAP OF RANCHOS ESTATES, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON OCTOBER 30, 1972, AS DOCUMENT NO. 62493.

Raymond R. Fetcho 4-11-13
Raymond R. Fetcho Date

STATE OF: ~~NEVADA~~ Minnesota)
COUNTY OF: ~~DOUGLAS~~ Martin)

This instrument was acknowledged before me on April 11, 2013
by _____

Raymond R. Fetcho
Vickie C. Foix
Notary Public
(My commission expires: 31-2015)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2012006704
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
BY LISTING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Carol Ann FETCHO		2. DATE OF DEATH (Mo/Day/Year) April 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) 920 Tillman Lane		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient!(Specify) Home	
4. SEX Female		7a. AGE-Last birthday (Years) 75		7b. UNDER 1 YEAR MOS : DAYS : HOURS : MINS	
5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY HOURS : MINS	
8. DATE OF BIRTH (Mo/Day/Yr) July 26, 1936		9a. STATE OF BIRTH (if not U.S.A., name country) Minnesota		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) Raymond Russell FETCHO	
13. SOCIAL SECURITY NUMBER 8461		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Office Manager		14b. KIND OF BUSINESS OR INDUSTRY Die Casting	
15e. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 920 Tillman Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Emil DANIELOWSKI	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Rita MAHONEY		18a. INFORMANT- NAME (Type or Print) Raymond Russell FETCHO		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 920 Tillman Lane Gardnerville, Nevada 89460	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JUDITH KIMPTON <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 677		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moana Lane Reno NV 89509	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) GREG HUBBARD <i>SIGNATURE AUTHENTICATED</i>		21b. DATE SIGNED (Mo/Day/Yr) April 25, 2012		21c. HOUR OF DEATH 14:40	
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) GREG HUBBARD <i>SIGNATURE AUTHENTICATED</i>		22b. DATE SIGNED (Mo/Day/Yr) April 17, 2012	
22c. HOUR OF DEATH 14:40		22d. PRONOUNCED DEAD (Mo/Day/Yr) April 17, 2012		22e. PRONOUNCED DEAD AT (Hour) 14:40	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy GREG HUBBARD P.O. BOX 218 Minden, NV 89423		23b. LICENSE NUMBER 262		24a. REGISTRAR (Signature) NICOLE SHORE <i>SIGNATURE AUTHENTICATED</i>	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 27, 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).) Respiratory Failure	
25. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF: Alzheimers Disease		Interval between onset and death		26. AUTOPSY (Specify Yes or No) No	
25. IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
25. IMMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	
25. IMMEDIATE CAUSE (d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		28b. DATE OF INJURY (Mo/Day/Yr)	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
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. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	
28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28i. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR



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PG-4483

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VRS-Rev-20110325

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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: **05/01/2012**

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

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

