825039 DOC # 06/10/2013 08:40AM Deputy: PK OFFICIAL RECORD Requested By:

First American Mortgage Se Douglas County - NV

Karen Ellison - Recorder Page: 1 of 3 Fee: \$16.00

BK-613 PG-2017 RPTT: 0.00

A.P.N.: 1420-33-510-029 File No: 7792983n (MR)

Dorothy V Porter figd mail Tax Statements to: 1331 Radine 10. Minden, NV 89423 16913816

#### AFFIDAVIT - TERMINATING JOINT TENANCY

Dorothy V. Porterfield, of legal age, being first duly sworn, deposes and says:

That ODIE L. PORTERFIELD, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as named as one of the parties in that certain dated executed by to Dorothy V. Porterfield and ODIE L. PORTERFIELD as joint tenants, Records recorded Book Official. as Document No. on DOUGLAS County, Nevada covering the following described property situated in the County of DOUGLAS, State of Nevada: ANDER & OUCY . Page 12252

LOT 9, IN BLOCK 2, AS SHOWN ON THE OFFICIAL MAP OF MOUNTAIN VIEW ESTATES NO. 1, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON DECEMBER 1, 1978, IN BOOK 1278, PAGE 69, AS DOCUMENT NO. 27818.

:SS.

モオエイド Date

STATE OF

COUNTY OF

**NEVADA** 

46913816 FIRST AMERICAN ELS

AFFIDAVIT OF DEATH

ΝV

This instrument was acknowledged before me on

シンジー・3 by

12 Tentic 11

(My commission expires: \_//- c ぢー / 3\_\_)

CHARLENE MCDONALD Notary Public, State of Nevada Appointment No. 93-4992-5 My Appt. Expires Nov 8, 2013

BK 613 PG-2018 825039 Page: 2 of 3 06/10/2013

File No.: 7792983n

## **NOTARY INFORMATION**

NOTARY PUBL	IC: PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:
Your Name:	(NOTARY) ( harter 17721) oretof
Address:	1009 Centere. He La Gandwardle Northo
Daytime Phone	e Number: <u>977,5-7758-2774</u>
State:	Neceda
County:	Domala
across a prot (notary public Corporation to	irst American Title Insurance Company, a(n) California Corporation comes blem with the Notary section I, (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c

# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

2012014790

PRINT IN	1a. DEC
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**DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH** 

YPE OR _	STATE FILE NUMBER											
PRINT IN	1a. DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX)  2. DATE OF DEATH (Mo/Day/Year)  3a. COUNTY OF DEATH									TH		
	Odie Leon	tie Leon PORTERFIELD SR September 13,						2012 Douglas				
	3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street 3e. If Hosp. or Inst. indicate DOA.C											
ľ	3b. CITY, TOWN, OR LOCATION OF DEATH   3c. HOSPITAL OR OTHER INSTITUTION -Name(If not eitner, give street   3e. if Mosp. or inst. Indicate DON, OF JETHER INSTITUTION -Name(If not eitner, give street   Jae. if Mosp. or inst. Indicate DON, OF JETHER INSTITUTION -Name(If not eitner, give street   Jae. if Mosp. or inst. Indicate DON, OF JETHER INSTITUTION -Name(If not eitner, give street   Jae. if Mosp. or inst. Indicate DON, OF JETHER INSTITUTION -Name(If not eitner, give street   Jae. if Mosp. or inst. Indicate DON, OF JETHER INSTITUTION -Name(If not eitner, give street   Jae. if Mosp. or inst. Indicate DON, OF JETHER INSTITUTION -Name(If not eitner, give street   Jae. if Mosp. or inst. Indicate DON, OF JETHER INSTITUTION -Name(If not eitner, give street   Jae. if Mosp. or inst. Indicate DON, OF JETHER INSTITUTION -Name(If not eitner, give street   Jae. if Mosp. or inst. Indicate DON, OF JETHER INSTITUTION -Name(If not eitner, give street   Jae. if Mosp. or inst. Indicate DON, OF JETHER INSTITUTION -Name(If not eitner, give street   Jae. if Mosp. or inst. Indicate DON, OF JETHER INSTITUTION -Name(If not eitner, give street   Jae. if Mosp. or inst. Indicate DON, OF JETHER INSTITUTION -Name(If not eitner, give street   Jae. if Mosp. or inst. Indicate DON, OF JETHER INSTITUTION -Name(If not eitner, give street   Jae. if Mosp. or inst. Indicate DON, OF JETHER INSTITUTION -Name(If not eitner, give street   Jae. if Mosp. or inst. Indicate DON, OF JETHER INSTITUTION -Name(If not eitner, give street   Jae. if Mosp. or inst. Indicate DON, OF JETHER INSTITUTION -Name(If not eitner, give street   Jae. if Mosp. or inst. Indicate DON, OF JETHER INSTITUTION -Name(If not eitner, give street   Jae. if Mosp. or inst. Indicate DON, OF JETHER INSTITUTION -Name(If not eitner, give street   Jae. if Mosp. or inst. Indicate DON, OF JETHER INSTITUTION -Name(If not eitner, give street   Jae. if Mosp. or inst. Indicate DON, OF JETHER INSTITUTION -Name(If not eitner, give street   Jae. if Mosp. or inst. Indicate DON, OF JETHER INSTITUTIO									OLX		
250505117	Minden	[		31 Raeline	Lane	ŀ		Home	1		Male	
DECEDENT	5. RACE White		6. Hispanic Origin?		7a. AGE-Last	7b. UNDE	R 1 YEAR 7c. UND	ER 1 DAY	8. DATE O	F BIRTH (I	Mo/Day/Yr)	
	(Specify)		No - Non-Hispan		birthday (Years)	1 MOS I	DAYS HOURS	MINS	16			
	(-F)				î ´ 8	1   I		1 \		ine 16, 1		
IF DEATH	9a. STATE OF BIRTH (If not U.S.	A., 9b. CITIZEN C	F WHAT COUNTRY	10.EDUCATI					VIVING SP			
OCCURRED IN	name country) California	Unit	United States 12 DIVORCED (Spe			pecify) Marri					V THOMAS	
INSTITUTION	13. SOCIAL SECURITY NUMBER	14a USUAL C	CCUPATION (Give	,	Done During Most	114h KI	ND OF BUSINESS	OR INDUST	RY	Ever in	US Armed	
REGARDING	13. GOGIAE GEOGRITT NOMBEN		e, Even If Retired)		-	Contraction	Truck	The state of the s	N 1	Forces?		
COMPLETION OF				Truck D				ing			IDE CITY	
RESIDENCE ITEMS	15a. RESIDENCE - STATE 1	5b. COUNTY	15c. CITY,	TOWN OR LO	DCATION 150	d. STREET A	ND NUMBER				Specify Yes	
	Nevada	Douglas		Minden	113	331 Raelin	e Lane	The same of the sa		or No)	No	
	16. FATHER/PARENT - NAME (F		#EU\	- Millioci			NAME (First Middle	Last Su	ffiv)	-		
PARENTS					IN. MOTHER	VPARENT -					N	
		Ode Leon STY	LE9		1		Alma Ma		L 1		76	
	18a. INFORMANT- NAME (Type of	or Print)	18b.	MAILING ADD	RESS (Street or	R.F.D. No, C	ity or Town, State, Z	ip)		٧.	7%	
:	Dorothy V P	ORTERFIELD			1331	Raeline La	ane Minden, Ne	vada 894	123	74.	76	
	19a. BURIAL, CREMATION, REM		AN JOS CEMETEDS	COD COEMAI				OCATION		wn Sta	de	
ISPOSITION	•		IV) 190. CEMICTER		s Sierra Crema	aton.	1,30. 5		•		N. 1	
NON ICONE	Cremation	on		VVallon	S Siella Ciellia	atory -	1 1	Carsor	City Ne	vada 89	706	
	20a. FUNERAL DIRECTOR - SIG	NATURE (Or Person /	Acting as Such) 2	06 FUNERAL	. 20c. N	IAME AND A	DRESS OF FACILI	TY			-	
	JOSH	FAULKNER	[c	DIRECTOR LIC	CENSE	Capitol	City Memorial (	Crematio	n and Bu	ırial Soc	iety	
	· ·		780	775	5 %.		314 N Curry Stree	t Carson	City NV	89703		
		URE AUTHENTICA	IED ]				7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					
KADE CALL	TRADE CALL - NAME AND ADDI				<u> </u>							
	ਨੇ ਤੂੰ 21a. To the best of my kno	wiedge, death occurre	d at the time, date a	nd place and	≧ <sub>ω</sub> 22a. On	the basis of	examination and/or	investigation	n, in my opir	nion death	occurred at	
	ਰੂ ਹੁੱ due to the cause(s) stated			HENTICATI	ED S the time	, date and pli	ace and due to the c	ause(s) stat	ed. (Signati	ure & litte	)	
:	T	IN WAYNE EA			22a. On the time			1				
CERTIFIER		100	. HOUR OF DEATH	The state of the s	22b. D/	ATE SIGNED	(Mo/Day/Yr)	22c. i	HOUR OF D	EATH		
	ပ္ကို 🙎 September 17, 20	012 /	06:00	The state of the s	O W	74		i				
	21d. NAME OF ATTENDI	NG PHYSICIAN IF OT	HER THAN CERTIFI	ER	22d. Pl	RONOUNCE	DEAD (Mo/Day/Yr	) 22 <del>0</del> . l	PRONOUN	CED DEAD	AT (Hour)	
	ட்டி (Type or Print)		-	No.	₽8	7%	N	ļ				
	23a. NAME AND ADDRESS OF (	SERTIFIED (DUVEICIA	M ATTEMPING DU	VOICIANI MET	NCAL EVAMINED	OP COPONE	P) (Type or Print)	120	3b. LICENS	E NUMBE	2	
	238. NAME AND ADDRESS OF C	Wayne Easley M	M, ALLENDING FR	nia Panch I	Pd Cardnerville	A NIV 80	410	J*`	JO. LICEINO	7446		
		vvayile Casicy ivi	.D. 1320 Vilgii	illa Ivalicii				DEATUR	IC TO COM		LE DISEASE	
REGISTRAR	24a. REGISTRAR (Signature)	NICO	E SHORE		24b. DATE RECEI		76. 37				_	
		SIGNATURE A	UTHENTICATED	)	(Mo/Day/Yr) Se	eptember 1	18, 2012	YES		NO X	J	
CALICE OF	25, IMMEDIATE CAUSE	(ENTER ONLY ONE	CAUSE PER LINE	FOR (a), (b), A	ND (c).)			:	Interval be	etween on	set and death	
CAUSE OF	PART I (a) Respirato		07.002 1 2.11 2.112 1	011 (0), (0), 1	(4),							
DEATH	i (a) ·	B										
		S A CONSEQUENCE	OF:		1 1				Interval b	etween on:	set and death	
CONDITIONS IF	Primary E	Brain Tumor			1 1			;				
ANY WHICH	(0)	S A CONSEQUENCE	ΛF:					<del></del>	Interval by	ehween on	set and death	
GAVE RISE TO IMMEDIATE	Alzheime	rs Dementia	Or.		/ /				HILOI VAI LA	BIWGGII OII	Set and dealit	
CAUSE ->	(C)	N	V		/ /							
STATING THE		S A CONSEQUENCE	OF.		7 7				Interval b	etween on	set and death	
UNDERLYING CAUSE LAST	(0)	N	The same of the sa		/ /			;				
CHOSE CHO!	(d)	CONDITIONS OF THE	125 42-12				ium in Dad 1	loc AUTOS	201	107 MM C C	ACC DEFENDED	
/ .	PART II OTHER SIGNIFICANT	CONDITIONS-Conditi	ons contributing to di	eath but not re	suiting in the under	iying cause g	iven in Part 1.	26. AUTOR		TO CORON	ASE REFERRED IER (Specify Yes	
/ /	1	79	No.					(Specify Y	No No	or No)	Yes	
1 /	28a. ACC., SUICIDE, HOM., UNDET.	28b. DATE OF INJURY	Mo/Day/Yr) Tos	c. HOUR OF INJ	IRY 284 DESCE	BE HOW IN I	RY OCCURRED	L		L		
1 1	OR PENDING INVEST. (Specify)	Too. Date of Hook!										
		<u> </u>										
1 1	28e. INJURY AT WORK (Specify			street, factory,	office 28g. LOCA	TION	STREET OR R.F.D.	No. CIT	Y OR TOW	/N	STATE	
	Yes or No)	building, etc. (Specif	y) -		1							

STATE REGISTRAR

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BK 613 PG-2019

VRS-Rev-20120523a

#### 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:

09/19/2012

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE