

DOC # 828437
08/06/2013 11:26AM Deputy: PK
OFFICIAL RECORD

Requested By:
First American Title Mindel
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 4 Fee: \$17.00
BK-813 PG-1694 RPTT: 0.00



APN# 1220-03-210-003

Recording Requested by:

Name: First American Title Insurance Company
Address: 1663 US Highway 395, Suite 101
City/State/Zip: Minden, NV 89423
Order Number: 143-2449456SC

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

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:

440.380
(State specific law)

[Handwritten Signature]
Signature Title

M. Emberton
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.: 1220-03-210-003
File No: 143-2449456 (SC)

When Recorded return to, and mail Tax Statements to:
Edwin A. Valentine III
P.O. Box 1193
Minden, NV 89423

AFFIDAVIT - TERMINATING JOINT TENANCY

Edwin A. Valentine III, of legal age, being first duly sworn, deposes and says:

That **Elizabeth Valentine**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Elizabeth Valentine** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **March 30, 2005** executed by **Elizabeth Valentine to Elizabeth Valentine and Edwin A. Valentine III** as joint tenants, recorded as Document No. **0640717** on **April 1, 2005** in Book **0405** of Official Records of **Douglas** County, **Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

BEING A PORTION OF THE NORTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 3, TOWNSHIP 12 NORTH, RANGE 20 EAST FURTHER DESCRIBED AS FOLLOWS:

LOT 2, BLOCK A, AS SET FORTH ON FINAL SUBDIVISION MAP LDA 01-047, PLANNED UNIT DEVELOPMENT FOR ARBOR GARDENS, PHASE 1, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON OCTOBER 18, 2002, BOOK 1002, PAGE 8115, AS DOCUMENT NO. 555262, AND BY CERTIFICATE OF AMENDMENT RECORDED FEBRUARY 20, 2003, IN BOOK 0203, AT PAGE 7818, AS DOCUMENT NO. 567590 AND RECORDED SEPTEMBER 28, 2004, IN BOOK 904, PAGE 11209 AS DOCUMENT NO. 625221 OF OFFICIAL RECORDS.

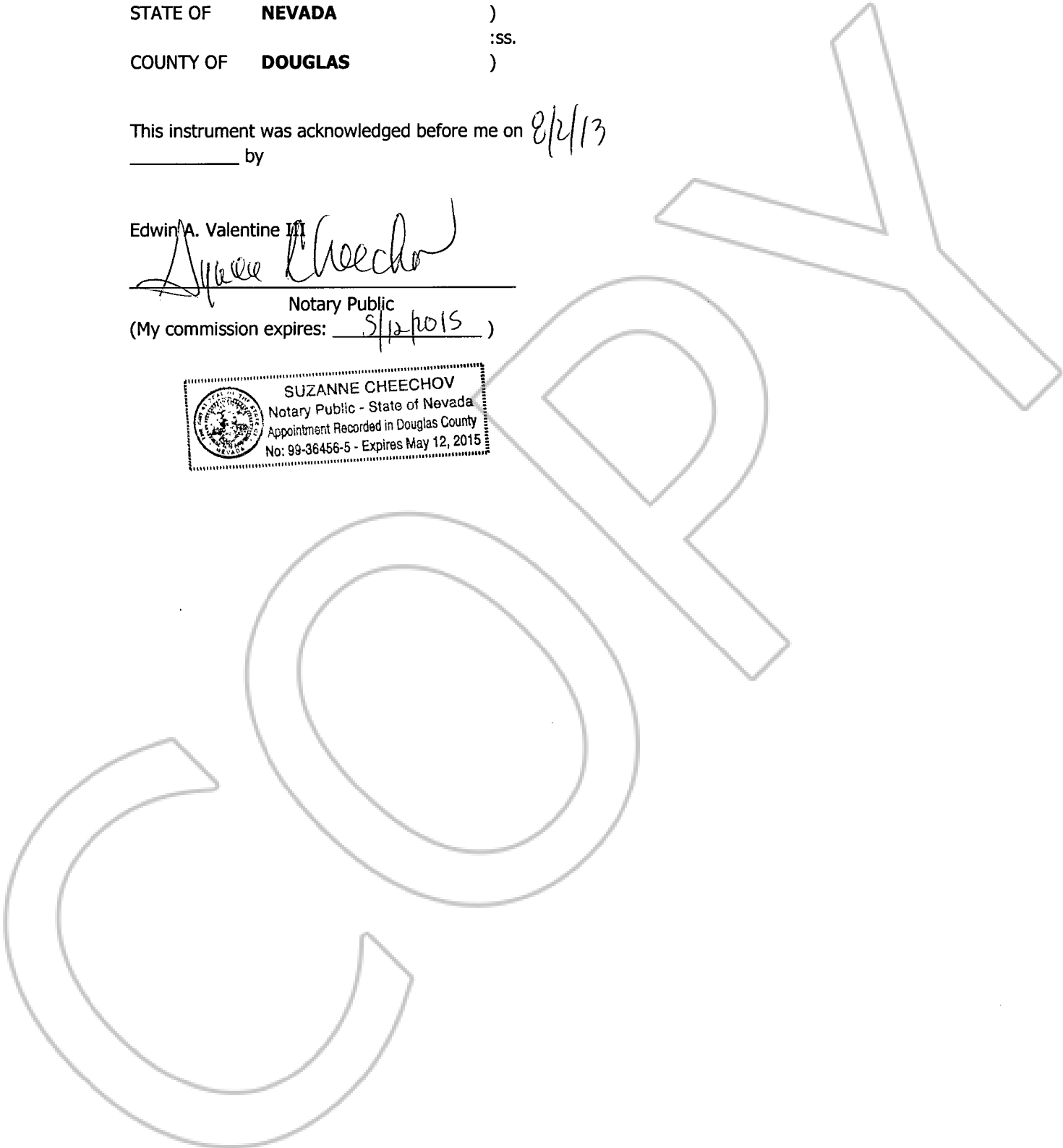
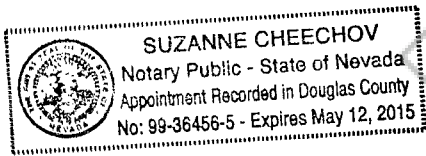

Edwin A. Valentine III Date 8/21/2013



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

This instrument was acknowledged before me on 8/2/13
_____ by

Edwin A. Valentine III
Suzanne Cheechov
Notary Public
(My commission expires: 5/12/2015)



CERTIFICATION OF VITAL RECORD

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

2011019961
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) Elizabeth VALENTINE		2. DATE OF DEATH (Mo/Day/Year) December 13, 2011		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) 1348 Scarlet Oak Drive		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 90		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 24, 1921		9a. STATE OF BIRTH (If not U.S.A., name country) Ukraine		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 6207		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Real Estate Agent		14b. KIND OF BUSINESS OR INDUSTRY Real Estate	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1348 Scarlet Oak Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Emile MOSKOFF	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Sophie BERMAN		18a. INFORMANT - NAME (Type or Print) Tatiana PROMESSI		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 756 Rose Lane Los Altos, California 94024	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED KELLE BROGAN M.D.					
21b. DATE SIGNED (Mo/Day/Yr) December 20, 2011		21c. HOUR OF DEATH 14:45		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) Kelle Brogan M.D. 429 Elm Street Reno, NV 89503			
23b. LICENSE NUMBER 6000		24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 26, 2011	
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) Debility DUE TO, OR AS A CONSEQUENCE OF: (b) Cerebrovascular Disease DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____			
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			

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VRS-Rev-20110104

416659 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: **12/27/2011**

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



Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

