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APN#	1022-11-0	02-046		<del></del>	Page:	1 of 🔞	Fee: \$16.00	)			
Recording	Requested	l by:			RK-813	PG-7985 R	PIT: 0.00				
Name:	•	First American Title	Insurance	•							
	_	Company			118811						
Address:	_	1663 US Highway 3	95, Suite 101			/	\				
City/State/		Minden, NV 89423			1000	1					
Order Num	ber:	143-2452991		/		Name of the last o	\ \				
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			RMINATING . NANCY Document)	JOINT	(fo	r Recorder's us	se only)				
		1	Recorder Affii	mation Statem	ent	/					
Please complete Affirmation Statement below:											
		Piease (	ompiete Aini -	mation Stateme	ent below.						
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		tain the social securit					Ollittica				
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Signatu	re re	Creares	Title	-0000							
	_	0600	/	/ /							
	SUZAN K	ie Cheechi	V								
Print Si	gnature										
This nage a	idded to pro	ovide additional infor	mation require	d by NRS 111 3	12 Section	ıs 1-2					
and NRS 2			manon require	a o <sub>j</sub> 1110 111.	12 500000	~ · ·					
		/ /			(Additions	al recording fee	applies)				

A.P.N.:

1022-11-002-046

File No:

143-2452991 (SC)

When Recorded return to, and mail Tax Statements to:

Arlis Paslay

1202 E. CARTER St. BOISE, ID. 83706

## **AFFIDAVIT - TERMINATING JOINT TENANCY**

Arlis G. Paslay, of legal age, being first duly sworn, deposes and says:

That Georgia Mary Paslay, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as Georgia M. Paslay named as one of the parties in that certain Grant, Bargain and Sale Deed dated October 22, 1997 executed by Alton A. Anderson and Kathryn Anderson, as Co-Trustees of the A. & K. Anderson Trust dated July 3, 1990 to Arlis G. Paslay and Georgia M. Paslay as joint tenants, recorded as Document No. 0424993 on October 28, 1997 in Book 1097, page 5398 of Official Records of Douglas County, Nevada covering the following described property situated in the County of Douglas, State of Nevada:

LOT 20, AS SHOWN ON THE MAP OF TOPAZ RANCH ESTATES NO. 1, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON DECEMBER 4, 1963, AS DOCUMENT NUMBER 23962.

Arlis G. Paslay

Date

STATE OF

NEVADA

;ss.

**COUNTY OF** 

**DOUGLAS** 

)

This instrument was acknowledged before me on

29/13 by

S. Paslay

App No:

SUZANNE CHEECHOV

Notary Public - State of Nevada

Appointment Recorded in Douglas County
No: 99-36456-5 - Expires May 12, 2015

Notary Public

(My commission expires: 5/1

5/12/2015

## CERTIFICATION OF VITAL RECORD

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2011001345

2	Maria da de		t the statement		E NUMBER
PRINT IN	1a: DECEASED-NAME (FIRST, MIDDLE LA	ST SUFFIX)	2. DATE C	OF DEATH (Mo/Day/Year)	3a. COUNTY OF DEATH
RMANENT	Georgia Mary	PASLAY		anuary 23, 2011	Douglas
LACK INK	36 CITY TOWN OR LOCATION OF DEAT	H 36 HOSPITAL OR OTHER INSTITUTION	Name(If not either, give street	3e.If Hosp or Inst. indicate DO	A,OP/Emer, Rm. 4 SEX
,		and number) Carson Valley Med	A REAL PROPERTY OF THE PROPERT	Inpatient(Specify) Inpatien	t Female
ECEDENT	Gardnerville		7a AGE-Last 7b UNDE		8 DATE OF BIRTH (Mo/Day/Yr)
	5. RACE White (Specify) to 1.5% and the con-	No - Non-Hispanic	birthday (Years) MOS		The state of the s
		AVW wan	<u>√ 77 °, °4</u>	1,000	August 05, 1933
	9a. STATE OF BIRTH (If not U S A 9b		ION 11 MARRIED, NEVER MAR DIVORCED (Specify) Marri		RVIVING SPOUSE (if wife, give name) Arlis G PASLAY
CCURRED IN :	name country) - California	United States 12	The state of the s		
E HANDBOOK	TORONTO AND A	a. USUAL OCCUPATION (Give Kind of Work Working Life, Even If Retired) Office M	1000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
MPLETION OF	0074	The Children is	anager	Carpenter's Union	15e INSIDE CITY
RESIDENCE	15a RESIDENCE - STATE 15b COUN	TY / 15c. CITY, TOWN OR L	OCATION 15d STREET A	NO NUMBER	LIMITS (Specify Yes)
	Nevada I	Douglas Welling			or No. No.
	16 FATHER/PARENT NAME (First Midd	e Last Suffix)	17-MOTHER/PARENT -	NAME (First Middle Last St	. Th. Th.
PARENTS		e C DAVIS		Susie_AMARA	L
w/ VW	18a INFORMANT: NAME (Type or Print)	18b MAILING AD	DRESS / (Street of R F.D. No. C	ity or Town, State, Zip)	. W. W. C W. W
	Arlis G PASLA	Y	4120 Red Canyon	Ave, Wellington, Nevada	89444
k	19a, BURIAL, CREMATION, REMOVAL, OT	HER (Specify) 19b CEMETERY OR CREMA		19c LOCATION	City or Town State
SPOSITION	Cremation	Waltor	's Sierra Crematory	Carso	n City Nevada 89706
	20a FUNERAL DIRECTOR - SIGNATURE	Or Person Acting as Such) 206 FUNERA	LYWWIII 200 NAME AND A	DORESS OF FACILITY	
` `	RICK NO	DIRECTOR	CENSE	WWalton's Chapel of	
***	SIGNATURE AUT		05/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	1281 N Roop Carson Ci	ty NV 89706
ADE CALL	TRADE CALL - NAME AND ADDRESS	YU. MANAGEMENT		<b>以入"叫"</b> (1) (5) (1)	
X	≥ z 21a. To the best of my knowledge d	and place and at the time, date and place and	22a On the basis of	examination and/or investigation	n, in my opinion death occurred at
	ੋ due to the cause(s) stated ∯(Signatu	re & Title) SIGNATURE AUTHENTICAT	ED the time date and pl	ace and due to the cause(s) sta	ated (Signature & Title)
	P E MI AM IM IN	D BRUCK DU	東京 古 DATE SIGNED		HOUR OF DEATH
CERTIFIER	<b>5 /</b> 0	21c HOUR OF DEATH	O E SU 226 DATE SIGNED	(MO/DBY/11)	HOOK OF BEATT
***************************************	ပိ ၌ // January 27, 201,1† //	18:45	9 0 334 000MOUNCE	D DEAD (Mo/Day/Yr) 4 22e	PRONOUNCED DEAD AT (Hour)
	四 是 21d NAME OF ATTENDING PHYS	CIAN IF OTHER THAN CERTIFIER		O DEAD (MOIDEN/II)	
. ave		R (PHYSICIAN, ATTENDING PHYSICIAN, ME	DICAL EVALUATED OF COPONE	BY (Type of Print) W 43	236 LICENSE NUMBER
	23a NAME AND ADDRESS OF CENTIFIE	an DAVID BROCK DO 1,155 Mi	II St Reno NV 89502	a min	1347
* *	24a. REGISTRAR (Signature)	JENELLE'ENGLISHA V	- 245 DATE RECEIVED BY REC	SISTRAR 17 240-DEATH D	UE TO COMMUNICABLE DISEASE
EGISTRAR	24a. NEGISTIAN (Signatura)	JENELLE ENGLISH	(Mo/Day/Yr) Lit-January 3	[2011] YES	S NO X
₩.		NATURE AUTHENTICATED	20 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ST SECTION OF THE SEC	Interval between onset and death
CAUSE OF		ONLY ONE CAUSE PER LINE FOR (a). (b).	30 ( ) LI		
DEATH					
	DUE TO, OR AS A CONS			\$ <b>//</b> * <b>/</b> /	Miles Val Detween Griser and Grant
ONDITIONS IF	Pulmonary Ede		IIY ASN	<del>V// //</del>	100.000 100.000
AVE RISE TO	DUE TO, OR AS A CON	SEQUENCE OF			Interval between onset and death
MMEDIATE ->	Hypertensive E	Mary and the second sec	3/( ) (R) /		which the second death
STATING THE	DUE TO, OR AS A CONS	EOUENCE OF	R CUV	M	Interval between onset and death
CAUSE LAST	(d)	A T	- Table		
	PART II OTHER SIGNIFICANT CONDITI	DNS-Conditions contributing to death but not	resulting in the underlying cause g	iven in Part 1. 26 AUTC	
	Etiology Unknown		Al III	Сореску	res or No) TO CONONER (Specify Yes
	28e ACC. SUICIDE. HOM : UNDET 28b. DAT	E OF INJURY (Mo/Day/Yr) 28c; HOUR OF th	JURY 28d DESCRIBE HOW INJU	RY OCCURRED.	
	OR PENDING INVEST. (Specify)			A NEW AND AND A SECOND OF THE	
1	28e INJURY AT WORK (Specify 28f. PL/	CE OF INJURY- At home, farm, street, factor		11.11, 11.111	TY OR TOWN STATE
in Na nata ari		etc (Specify)		William Control	
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					PG-7987
	W.X			729 Page: 3 of	
			829	1129 Page: 3 01	2 00/23/2013

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:

AUG 2 0 2013





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