Doc Number: **0831300**

09/26/2013 03:14 PM

OFFICIAL RECORDS

Requested By DENNIS E GREEN

DOUGLAS COUNTY RECORDERS Karen Ellison - Recorder

10f 3 Page:

Fee: \$ 16.00

Bk: 0913 Pg: 6520

A.P.N.:

1420-34-201-040

File No:

When Recorded return to, and mail Tax Statements to:

Dennis E. Green 2716 Stewart Ave Minden, NV 89423

AFFIDAVIT - TERMINATING JOINT TENANCY

Dennis E. Green, of legal age, being first duly sworn, deposes and says:

That Billy S. Kincaid, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as Billy Stewart Kincaid named as one of the parties in that certain Quitclaim Deed dated 2-3-09 executed by Billy S. and Sally M. Kincaid Family Trust to Dennis E. Green and Sally M. Kincaid and Billy S. Kincaid as joint tenants, recorded as Document No. 0737016 on 2-3-09 in Book 0209 Page 582 of Official Records of Douglas County, Nevada covering the following described property situated in the County of Douglas, State of Nevada:

See attached legal description Dennis E. Green Date STATE OF :SS. COUNTY OF)

This instrument was acknowledged before me on 9-24-13 by

Notary Public

9-12-2016 (My commission expires:

HEIDE LORRAINE CRUZ Notary Public - State of Nevada Appointment Recorded in Carson City No: 04-91778-12 - Expires September 12, 2016



North, Range 20 East, M.D.B. & M., thence North 89°55' 20" East 1,676.70 feet; thence North 0°02' 47" East, 347 feet to the TRUE POINT OF BEGINNING, thence North 0°02' 47" East 158.50 feet; thence North 89°55' 20" East 305 feet; thence South 0°02' 47" West 158.50 feet; thence South 89°55' 20" West 305 feet to the TRUE POINT OF BEGINNING and being a portion of the West 1/2 of the Southeast 1/4 of the Northwest 1/4 of Section 34, Township 14 North, Range 20 East, M.D.B.& M.

PREVIOUSLY RECORDED BOOK 0209 PG 582 DOC# 0737016

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH
CERTYFICATEOFT GEATH

2010015357

TYPE OR			_				•	STATE FIL	E NUMBEI	R	•	
PRINT IN	1a. DECEASED-NAME (FIRS	ST, MIDDLE, LAST	r,suffix)			2. DATE	OF DEATH (Mo/D	ay/Year)	3a. COUN	TY OF DEA	ATH	
PERMANENT BLACK INK	Billy Stewart KINCAID						eptember 27, 2	010	Washoe			
	3b CITY, TOWN, OR LOCAT	ION OF DEATH	G. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give			er, give street	e street 3e.if Hosp. or Inst. Indicate			DOA,OP/Emer. Rm. 4 SEX		
DECEDENT	Reno	end number)	nd number) Veterans Hospital			Inpatient(Specify) Inpati				Male		
DECEDENT	5. RACE White		6. His	panic Origin? Specify		Zb IIND	ER 1 YEAR IZC. UI			OF RIRTH		
	(Specify)			Non-Hispanic	7a. AGE-Last birthday (Years)) MOS	DAYS HOU					
IF DEATH	9a. STATE OF BIRTH (If not I	104 104 0	VIT-12-11-05-14-11			77		1		igust 25		
OCCURRED IN	name country) Virgin			United States 16 DIVORCED (Sp.			RRIED, WIDOWEI ried		URVIVING SPOUSE (if wife, give en name) Sally May BEATTY			
BEE HANDBOOK	13 SOCIAL SECURITY NUM		USUAL OCCUPATION (Give Kind of Work Done During Most of			UND OF BUSINES						
REGARDING COMPLETION OF	-3029	Work	ang Life, Even If	ng Life, Even If Retired) Underground Detection			Electrical			STRY Ever in US Armed Forces? Yes		
RESIDENCE	15a. RESIDENCE - STATE	15b. COUNTY			15d STREET	1. STREET AND NUMBER			It5e, INSIDE CITY			
ITEMS	Nevada		Douglas Minden				The state of the s		LIMITS (Specify Yes or No) Yes			
	16. FATHER - NAME (First M									Or No)	Yes	
PARENTS	TS 16. FATHER - NAME (First Middle Last Suffix) 17. MOTHER - NAME (First Middle Last Suffix) 18. Mirror STARNE							c ·	1			
	18a, INFORMANT- NAME (Ty		22500 1000									
	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) Sally May BEATTY 2716 Stewart Avenue Minden, Nevada 89423								N			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME 19c. LOCATION City or Town State											
DISPOSITION	Crema	ation	it (opecity) lab		nenry's Crema	atory	lisc.		•	7%		
	20a, FUNERAL DIRECTOR -	SIGNATURE (OF	Person Action a	- AF	F		DODESS OF EAC		City Ne	vada 69	701	
	20a. FUNERAL DIRECTOR - SIGNATURE (OF Person Acting as Such) 20b. FUNERAL 20c. NAME AND ADDRESS OF FACILITY DIRECTOR LICENSE Fitzhenrys Funeral Home										w	
	SIGNATURE AUTHENTICATED 217 3945 Fairview Dr. Carson City NV 89701											
TRADE CALL	TRADE CALL - NAME AND AL				-		-	-				
	音	knowledge, deatl	n occurred at the	time, date and place and	à 22a.	On the basis of	examination and/o	r investigation	ı, in my opir	nion death	occurred at	
	(# W	ted. (Signature 8 IOHN K SU	Tipo) SIGNA	TURE AUTHENTICAS	724 중 분 : the th	me, date and pl	ace and due to the	cause(s) stat	ed. (Signati	ure & Title)		
CERTIFIER		lo/Dav/Yr)		OF DEATH		DATE SIGNED	(Marillan Ve)	230 L	OUR OF D	EATU		
	ರ ≝ September 30.	2010		07:35	COmplete the th	DATE GIGINED	(MC/Day) (1)	220. 1	TOOK OF D	CAIN		
	21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 22d PRONOLINGED DEAD (MODBANY)							(r) 22e. F	22e. PRONOUNCED DEAD AT (Hour)			
										•		
}	238 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type of Print) 236 LICENSE NUMBER 237 LICENSE NUMBER 248 LICENSE NUMBER 258 LICENSE NUMBER 268 LICENSE NUMBER											
REGISTRAR	24a REGISTRAR (Signature)		NELLE EN		246 DATE REC			c. DEATH DU	Е ТО СОМ	MUNICABI	E DISEASE	
,			TURE AUTHE		(Mo/Day/Yr)	October 14	2010	YES	П	NO 🗓		
CAUSE OF	25. IMMEDIATE CAUSE	(ENTER ON	LY ONE CAUSE	PER LINE FOR (a), (b),	ND (c).)		-	:	interval be		et and death	
DEATH	ATH PART : (a) Hepatorenal Syndrome											
	DUE TO, OR AS A CONSEQUENCE OF:							Interval between onset and death				
CONDITIONS IF	(b) Acute Li	iver Failure	9	•		,	-				 -	
ANY WHICH GAVE RIBE TO	DUE TO, OR	AS A CONSEQU	UENCE OF:	· · · · · · · · · · · · · · · · · · ·					Interval be	tween ons	et and death	
IMMEDIATE ->	(c) Undeter	mined Etic	ology	•	_/_/	,						
STATING THE UNDERLYING	DUE TO, OR	AS A CONSEQU	DENCE OF:	 ,	/-/-		· · ·		Interval be	tween ons	et and death	
CAUSE LAST	(d)		The State of the S		/ /			i				
/	PART II	-	V.		 			26. AUTOP	sy I	77. WAS CAS	SE REFERRED	
/ /			The State of the S					(Specify Ye			R (Specify Yes	
/ /	28a ACC., SURCIDE, HOM., UNDET	. 28b. DATE OF	INJURY (Mo/Day/Y) 28c. HOUR OF INJ	IBY DESCE	RIBE HOW INJUR	Y OCCUPRED	1	140	J. 1407	No	
	OR PENDING INVEST, (Specify)											
	28e. INJURY AT WORK (Spec	ify 28f, PLACE (OF INJURY- At h	pme, farm, street, factory	office 28g, LOC	ATION S	TREET OR R.F.D.	No. CITY	OR TOWN	N	STATE	
1 1	Yes or No)	building, etc.	(Specify)	,,, tautory,	1200		51(141.15.		. J. 1044	•	- 1711h	
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3558890			1 1	STAT	E REGISTRAI	R						
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	1		/ 1410 100 AUT BU UUI IN 100 AA III				BK : 0 9 13 PG · 6522					
	The contract of the contract o	JF	AF		8111 8 6 17 18 6 1		10 00					

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.

ATE ISSUED: 10/14/20

333333

10/14/2010

SIGNATURE MUTHER STEED

9/26/2013



VRS-Rev-20100216

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