

16

Doc Number: **0835021**

12/06/2013 11:57 AM

OFFICIAL RECORDS

Requested By
NANCY REY JACKSON

Assessor's Parcel Number: 1219-15-001-101

Recording Requested by:

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

✓ Nancy Rey Jackson, Esq.
Nancy Rey Jackson, Ltd.
1591 Mono Avenue
Minden, NV 89423

Page: 1 Of 3 Fee: \$ 16.00

Bk: 1213 Pg: 890



Deputy ar

Mail Tax Statements to:

Charles Edgar
392 Tucke Court
Gardnerville, NV 89460

AFFIRMATION

_____ I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

Carrie M. Jackson I the undersigned hereby affirm that this document submitted for recording contains the social security number of any person or persons as required by law. NRS 440.090 Requisites of certificates.
NRS 440.380(1)(a) Medical certificate of death: Signature; contents
NRS 40.525(5) Death certificate attached to affidavit ✓

Carrie M. Jackson

Secretary

AFFIDAVIT OF TERMINATION OF JOINT TENANCY

Title of Document

*This page added to provide additional information required by NRS 111.312 Sections 1-4
(Additional recording fee applies)*

APN 1219-15-001-101

Recording requested by and mail documents
and tax statements to:

Charles Edgar
392 Tucke Court
Gardnerville, NV 89460

AFFIDAVIT OF TERMINATION OF JOINT TENANCY

STATE OF NEVADA)
)ss.
COUNTY OF DOUGLAS)

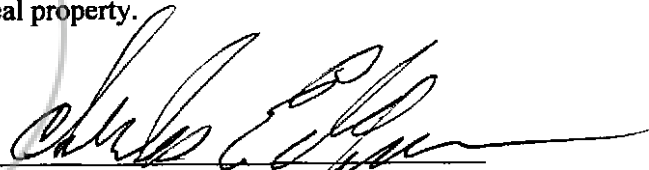
CHARLES H. EDGAR, of legal age, being duly sworn, deposes and says:

1. That JOYCE L. EDGAR, the decedent mentioned in the attached certified copy of certificate of death, was, until her death, and is the same person as JOYCE L. EDGAR, named as one of the parties in that certain deed by and between CHARLES H. and JOYCE L. EDGAR, husband and wife, as joint tenants, concerning the real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 39, as shown on the Official Map of Sheridan Acres Unit No. 1, filed for record in the office of the County Recorder, Douglas County, State of Nevada, on June 8, 1966. Assessor's Parcel Number: 1219-15-001-101

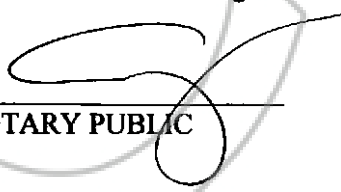
2. That this affidavit is executed and recorded for the purposes of terminating the interest of said JOYCE L. EDGAR in and to the hereinabove-described real property.

Dated this 5 day of December, 2013.

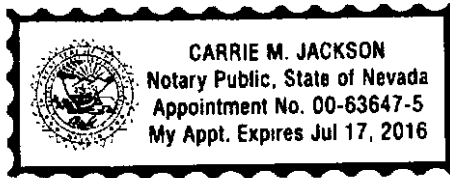


CHARLES H. EDGAR

On this 5th day of December, 2013, personally appeared before me, a Notary Public, Charles H. Edgar, personally known or proved to me to be the person whose name is subscribed to the above instrument and who acknowledged that he executed the above instrument.



NOTARY PUBLIC



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2013010533

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) Joyce L EDGAR		2 DATE OF DEATH (Mo/Day/Year) June 19, 2013		3a COUNTY OF DEATH Washoe	
3b CITY, TOWN, OR LOCATION OF DEATH Reno		3c HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Renown Regional Medical Center		3e If Hosp or Inst. Indicate DOA,OP/Emer Rm. Inpatient(Specify) Inpatient	
5 RACE White (Specify)		6 Hispanic Origin? Specify No - Non-Hispanic	7a AGE-Last birthday (Years) 84	7b UNDER 1 YEAR MOS DAYS	7c UNDER 1 DAY HOURS MINS
8 DATE OF BIRTH (Mo/Day/Yr) December 05, 1928		9a STATE OF BIRTH (If not U.S.A., name country) California		9b CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 8		11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12 SURVIVING SPOUSE (If wife, give maiden name) Charles H EDGAR	
13 SOCIAL SECURITY NUMBER [REDACTED] 6801		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker		14b KIND OF BUSINESS OR INDUSTRY Own Home	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas	15c CITY, TOWN OR LOCATION Gardnerville	15d STREET AND NUMBER 392 Tucke Court	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Ray TUSSI			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Kathrine HAMTON		
18a INFORMANT- NAME (Type or Print) Charles H EDGAR		18b MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 392 Tucke Court Gardnerville, Nevada 89460			
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) JOANN BUSAM SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE 624	20c NAME AND ADDRESS OF FACILITY Truckee Meadows Cremation and Burial 616 South Wells Avenue Reno NV 89502		
TRADE CALL - NAME AND ADDRESS					
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]			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) PIOTR KUBICZEK M.D. SIGNATURE AUTHENTICATED		
21b DATE SIGNED (Mo/Day/Yr)		21c HOUR OF DEATH		22b DATE SIGNED (Mo/Day/Yr) June 27, 2013	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c HOUR OF DEATH 10:54		22d PRONOUNCED DEAD (Mo/Day/Yr) June 19, 2013	
22e PRONOUNCED DEAD AT (Hour) 10:54		23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Piotr Kubiczek M.D., 10 Korman Ave Reno, NV 89520			
23b LICENSE NUMBER 11610				24a REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED	
24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 28, 2013		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) Urinary Tract Infection, not Otherwise Specified					
DUE TO, OR AS A CONSEQUENCE OF					
(b) DUE TO, OR AS A CONSEQUENCE OF					
(c) DUE TO, OR AS A CONSEQUENCE OF					
(d) DUE TO, OR AS A CONSEQUENCE OF					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Blunt Force Injuries of the Neck, Hypertensive Cardiovascular Disease, Chronic Obstructive Pulmonary Disease				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) ACCIDENT		28b DATE OF INJURY (Mo/Day/Yr) June 18, 2013	28c HOUR OF INJURY 1424	28d DESCRIBE HOW INJURY OCCURRED Ground level fall	
28e INJURY AT WORK (Specify Yes or No) No		28f PLACE OF INJURY - At home, farm, street, factory, office, building, etc (Specify) Residence		28g LOCATION STREET OR R.F.D. No CITY OR TOWN STATE 392 Tucke Ct. Gardnerville Nevada	

STATE REGISTRAR

3719350

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BK 12 13
PG 892
12/6/2013

VRG-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

07/08/2013

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:
PRNCO (Rev) 6/11

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

