

Doc Number: **0838621**

02/21/2014 03:53 PM

OFFICIAL RECORDS

Requested By
TAMMIANE HURSON

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

A.P.N.: 1220-24-601-051
File No: ()

Page: 1 of 4 Fee: \$ 17.00
Bk: 0214 Pg: 3653



Deputy sd

✓ When Recorded return to, and mail Tax Statements to:
Tammiane Hurson
1966 Arabian Lane
Gardnerville, NV 89460

AFFIDAVIT - TERMINATING JOINT TENANCY

Tammiane Hurson, of legal age, being first duly sworn, deposes and says:

That **Robert F. Hurson**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Robert F. Hurson** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **8-11-11** executed by **Wells Fargo Bank. N/A, successor by merger with Machovia Mortgage FSB**, to **Robert F. Hurson and Tammiane Hurson** as joint tenants, recorded as Document No. **788754** on **8-29-11** in Book **811 Page 5623** 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

Tammiane Hurson 2/21/14
Tammiane Hurson Date

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

This instrument was acknowledged before me on
2-21-14 by

Tammiane Hurson
Cynthia Failor
Notary Public
(My commission expires: 11/19/2015)

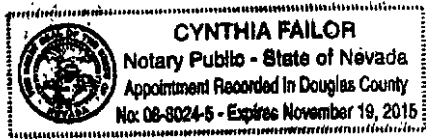


Exhibit A

Parcel 2, as shown on the Parcel Map for ALLEN BENSON BEAUCHAMP AND JANE BEAUCHAMP, recorded July 7, 1978, in Book 778, Page 257, as Document No. 22739, Official Records, Douglas County, Nevada..

File No.:

NOTARY INFORMATION

NOTARY PUBLIC: PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

Your Name: (NOTARY) CYNTHIA FAILOR

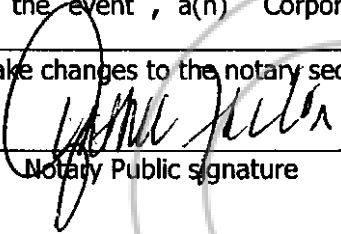
Address: 1785 WATSON CT, GARDNERVILLE NV 89410

Daytime Phone Number: 775-781-4606

State: NEVADA

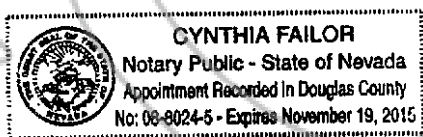
County: DOUGLAS

In the event, a(n) Corporation comes across a problem with the Notary section I, _____ (notary public) authorizes, a(n) Corporation to make changes to the notary section only.



 Notary Public signature

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STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2014001452
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) Robert Francis HURSON		2. DATE OF DEATH (Mo/Day/Year) January 23, 2014		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) Intensive Care Unit (ICU)	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7. AGE-Last birthday (Years) 44	
9a. STATE OF BIRTH (if not U.S.A. name country) Washington		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Tammiann KAVANAGH		13. SOCIAL SECURITY NUMBER 3213	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Programmer		14b. KIND OF BUSINESS OR INDUSTRY Audio & Video		15. Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1966 Arabian Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) William HURSON	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Sheri PARKER		18a. INFORMANT - NAME (Type or Print) Tammy HURSON		18b. MAILING ADDRESS - (Street or R.F.D. No. City or Town, State, Zip) 1966 Arabian Lane, Gardnerville, Nevada 89410	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Genoa Cemetery		19c. LOCATION - City or Town - State Genoa Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER		20b. FUNERAL DIRECTOR LICENSE 823		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville, NV 89410	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated! (Signature & Title) DEPINDER SINGH MD		21b. DATE SIGNED (Mo/Day/Yr) January 28, 2014		21c. HOUR OF DEATH 10:57	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) DEPINDER SINGH MD 1155 Mill St. Reno, NV 89502		23b. LICENSE NUMBER 14504		24a. REGISTRAR (Signature) BRIDGES SANDI	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 04, 2014		24c. DEATH DUE TO COMMUNICABLE DISEASE YES [X] NO []		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Acute respiratory distress syndrome DUE TO, OR AS A CONSEQUENCE OF (b) Viral influenza DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) 	
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC., SUICIDE, HOMICIDE, 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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BK 02 14
PG 3656
2/21/2014

VRS-Rev-20120523a

518155 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: **02/05/2014**

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

R. Sandi
STATE REGISTRAR
SIGNATURE AUTHENTICATED

