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Assessor's Parcel Number: 1419-11-002-058

Recording Requested By:

✓ Name: Ernest E. Adler, Esq.

Address: 412 N. Division Street

City/State/Zip Carson City, NV 89703

Real Property Transfer Tax:

\$ _____

Doc Number: **0839051**

03/05/2014 10:18 AM

OFFICIAL RECORDS

Requested By:
ERNEST ADLER, ESQ

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 4 Fee: \$ 17.00

Bk: 0314 Pg: 415



Deputy sd

AFFIDAVIT TERMINATING JOINT TENANCY

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

A.P.N. 1419-11-002-058

WHEN RECORDED MAIL TO:

Ernest E. Adler, Esq.
KILPATRICK, ADLER & BULLENTINI
412 N. Division Street
Carson City, NV 89703

MAIL TAX STATEMENTS TO:

Grant Tuttle
PO Box 405
Genoa, NV 89411

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
 ss.
CARSON CITY)

GRANT TUTTLE, as joint tenant, does hereby swear under perjury that the assertions of this affidavit are true and declares the following:

1. GRANT TUTTLE is the surviving spouse and joint tenant of DANA TUTTLE, deceased, and
2. DANA TUTTLE died in Reno, Nevada, on December 22, 2013. A certified copy of the Certificate of Death of DANA TUTTLE is attached to this Affidavit.
3. On April 4, 2013, the undersigned and DANA TUTTLE acquired title as joint tenants to a parcel of real property situated in Carson City, County of Douglas, Nevada, by Deed recorded as Document No. 821138, of the Official Records of Douglas County, Nevada. The legal description of the real property is as follows:

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 50 as shown on the certain map entitled ALPINE VIEW ESTATES NO.2, filed in the Office of the County Recorder on November 1, 1974 as File No. 62567.

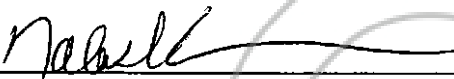
4. At the time of death of DANA TUTTLE, title to the real property described in paragraph 3 above continued to be held by DANA TUTTLE and GRANT TUTTLE, as joint tenants. As a result of the death of DANA TUTTLE and the joint tenancy form of title, the real property described in paragraph 3 above is now owned by GRANT TUTTLE, a single man.

Dated this 4th day of March, 2014.



GRANT TUTTLE

SUBSCRIBED and SWORN (or affirmed)
to before me by GRANT TUTTLE
this 4th day of March, 2014.



NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT
VITAL STATISTICS - RENO, NEVADA
CERTIFICATE OF DEATH

2013022113
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) Dana Jones TUTTLE		2. DATE OF DEATH (Mo/Day/Year) December 22, 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		3d. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Female		5. RACE White (Specify)		6. DATE OF BIRTH (Mo/Day/Yr) April 06, 1957	
7. UNDER 1 YEAR MOS DAYS HOURS MINS		7a. AGE-Last birthday (Years) 56		8. DATE OF BIRTH (Mo/Day/Yr)	
9a. STATE OF BIRTH (If not U.S.A., name country) Massachusetts		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Grant TUTTLE		13. SOCIAL SECURITY NUMBER 0824	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Accountant		14b. KIND OF BUSINESS OR INDUSTRY State Of Nevada		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 3452 Bernese Court		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last - Suffix) Stanley JONES	
17. MOTHER/PARENT - NAME (First Middle Last - Suffix) Mary Lou MORRIS		18a. INFORMANT - NAME (Type or Print) Grant TUTTLE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3452 Bernese Court Carson City, Nevada 89705	
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	
21. 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) Piotr Kubiczek M.D. SIGNATURE AUTHENTICATED			21b. DATE SIGNED (Mo/Day/Yr) February 13, 2014		
21c. HOUR OF DEATH 11:22			21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Piotr Kubiczek M.D.		
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			22b. DATE SIGNED (Mo/Day/Yr) February 13, 2014		
22c. HOUR OF DEATH 11:22			22d. PRONOUNCED DEAD (Mo/Day/Yr) December 22, 2013		
22e. PRONOUNCED DEAD AT (Hour) 11:22			23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Piotr Kubiczek M.D. 10 Kirman Ave Reno, NV 89520		
23b. LICENSE NUMBER 11610			24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED		
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 18, 2014			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) Multiple Blunt Force Injuries					
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 1.					
26. ACC., SUICIDE, HGM., UNDEF. OR PENDING INVEST. (Specify) ACCIDENT		26a. DATE OF INJURY (Mo/Day/Yr) December 21, 2013		26b. HOUR OF INJURY 1032	
26c. DESCRIBE HOW INJURY OCCURRED Snow skier collided with tree					
27a. INJURY AT WORK (Specify Yes or No) No		27b. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Ski Resort		27c. LOCATION STREET OR R.F.D. No CITY OR TOWN. STATE 3880 Saddle Rd. South Lake Tahoe California	

STATE REGISTRAR

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BK 0314
PG 418
3/5/2014

VR3-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.

02/19/2014

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:

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

