

Assessor's Parcel Number: 1220-21-710-103

Recording Requested By:

Name: Kathleen and Alfred Mauldin

Address: 1440 Sames Avenue

City/State/Zip Gardnerville, NV. 89460

Real Property Transfer Tax:

DOC # 844345
06/12/2014 11:40AM Deputy: AR
OFFICIAL RECORD
Requested By:
First American Title Minde
Douglas County - NV
Karen Ellison - Recorder
Page: 1 of 3 Fee: \$16.00
BK-614 PG-2547 RPTT: 0.00



\$ 0

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.: 1220-21-710-103
File No: 143-2465713 (Rt)

When Recorded return to, and mail Tax Statements to:
Kathleen and Alfred Maidlow
1440 James Avenue
Gardnerville, NV 89460

AFFIDAVIT - TERMINATING JOINT TENANCY

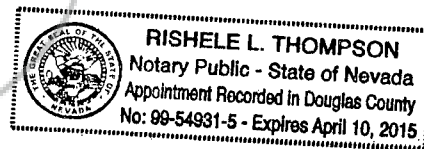
Kathleen Maidlow and Alfred Maidlow, of legal age, being first duly sworn, deposes and says:

That **Rosemary Stone**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Rosemary Stone** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **8/3/99** executed by **Rosemary Stone** to **Kathleen Maidlow and Alfred Maidlow and Rosemary Stone** as joint tenants, recorded as Document No. **0473857** on **08/04/1999** in Book **0899 Page 0851** of Official Records of **Douglas** County, **Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

LOT 582, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 7, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MARCH 27, 1974, AS FILE NO. 72456.

Alfred S. Maidlow 6/9/14
Kathleen A. Maidlow 6/9/14
Kathleen Maidlow and Alfred Maidlow Date

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



This instrument was acknowledged before me on this:
9 day of June, 2014

By: *Alfred Maidlow* &

By: *Kathleen Maidlow* / Its: X

Notary Public
(My commission expires: 7/10/15)

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — VITAL STATISTICS

CERTIFICATE OF DEATH

2009005502

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Rosemary Katherine STONE		2. DATE OF DEATH (Mo/Day/Year) April 06, 2009		3a. COUNTY OF DEATH Clark	
	3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) The Heights of Summerlin LLC		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 92		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) July 22, 1916		9a. STATE OF BIRTH (If not U.S.A., name country) Wisconsin		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 9		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)	
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-1350		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	
DISPOSITION	15d. STREET AND NUMBER 763 Hornet Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) John HAUSWIRTH	
	17. MOTHER - NAME (First Middle Last Suffix) Martha GEIB		18a. INFORMANT- NAME (Type or Print) Kathleen Anne MAIDLOW		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4161 Westland Circle Anchorage, Alaska 99517	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Desert Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89101	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRIS WALTERS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 64		20c. NAME AND ADDRESS OF FACILITY Desert Memorial Cremation and Burial 1111 Las Vegas Blvd N Las Vegas NV 89101	
CERTIFIER	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 AUTHENTICATED ALOK SAXENA M.D.		21b. DATE SIGNED (Mo/Day/Yr) April 14, 2009		21c. HOUR OF DEATH 00:40	
	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)	
REGISTRAR	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) Alok Saxena M.D. 2075 East Flamingo Road Las Vegas, NV 89119		23b. LICENSE NUMBER 6690		24a. REGISTRAR (Signature) NINETTE HARRINGTON SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 17, 2009		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).)	
	25. IMMEDIATE CAUSE (PART I)		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE -> STATING THE UNDERLYING CAUSE LAST	(a) Cardiopulmonary arrest		Interval between onset and death		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST (Specify)	
	(b) DUE TO, OR AS A CONSEQUENCE OF: End-stage congestive heart failure		Interval between onset and death		28b. DATE OF INJURY (Mo/Day/Yr)	
(c) DUE TO, OR AS A CONSEQUENCE OF: Debility		Interval between onset and death		28c. HOUR OF INJURY		
(d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		28d. DESCRIBE HOW INJURY OCCURRED		
PART II		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



BK 614
PG-2549

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"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H.
Registrar of Vital Statistics
By:

Date Issued: **APR 21 2009**