

17.

Doc Number: **0848172**

08/20/2014 12:53 PM

OFFICIAL RECORDS

Requested By:
GYPSEE A SOLIS

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 4 Fee: \$ 17.00

Bk: 0814 Pg: 4477



Deputy pk

Assessor's Parcel Number: 1426-07-718-009

Recording Requested By:

✓ Name: Gypsee A. Solis

Address: 912 Garnet Ct

City/State/Zip Carson City NV 89405

Real Property Transfer Tax:

\$ _____

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.

AFFIDAVIT TERMINATING JOINT TENANCY

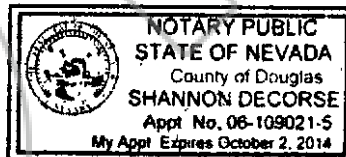
State of Nevada)
County of Douglas) ss.

Gypsee A. Solis being first duly sworn, deposes and says that affiant is over the age of 80 years and competent to be a witness as to the matters hereinafter stated.

That affiant is Gypsee A. Solis the person named as Gypsee A. Solis, one of the grantees in that certain deed recorded on 10/15/2009, as Document No. 0752287 in Book 1009, Page 3057, in the office of the County Recorder of Douglas County, Nevada.

That Robert A. Solis was one of the grantees named in said deed and was the identical person named as Robert A. Solis, the decedent, in that certain Death Certificate, a certified copy of which is attached hereto and made a part hereof.

Gypsee A. Solis
(SIGNATURE)



Subscribed and sworn to before me this 20th day of August, 2014

Shannon Decorse
Notary Public in and for said County and State

DOC # 0752287
10/15/2009 03:11 PM Deputy: SG
OFFICIAL RECORD
Requested By:
ROBERT SOLIS

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 2 Fee: 15.00
BK-1009 PG- 3057 RPTT: # 4



QUIT CLAIM DEED

THIS SPACE PROVIDED FOR RECORDER'S USE

TAX PARCEL #:
1420-07-718-009
FILED FOR RECORD AT REQUEST OF:

WHEN RECORDED RETURN TO:

✓ Robert A Solis
912 Garnet Ct, Carson City NV 89705
Carson City, NV, 89705

QUIT CLAIM DEED

For and in consideration of \$10.00, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Robert A Foisie, married, of 912 Garnet Ct, Carson City, Nevada, 89705, and Gypsee A Solis, married, of 912 Garnet Ct, Carson City, Nevada, 89705, (collectively the "Grantor"), conveys and quit claims to Gypsee A Solis, and spouse, Robert A Solis of 912 Garnet Ct, Carson City, NV, 89705, (collectively the "Grantee"), the following described real estate (the "Premises"), situated in the County of Douglas, Nevada, together with all after acquired title of the Grantor in the Premises:

Lot 75 as shown on the Map of RIDGEVIEW ESTATES, filed for record in the office of the County Recorder of Douglas County, State of Nevada on December 12, 1972, Book 12, Page 690 as Document No 63503.

Being all or part of the same property described in the County Register's Deed Book 1272, Page 690 Doc no. 63503.

DATED: FEBRUARY 28, 2008

Robert A Foisie

Gypsee A Solis

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH VITAL STATISTICS
CERTIFICATE OF DEATH

2014000369
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 Antone SOLIS JR		2. DATE OF DEATH (Mo/Day/Year) January 07, 2014		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) 912 Garnet Ct		3e. If Hosp. or Inst. indicate DOA, D/Emer. Rm. Inpatient (Specify) Home	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify Yes - Mexican	
7a. AGE - Last birthday (Years) 80		7b. UNDER 1 YEAR MOS. DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) April 28, 1933		9a. STATE OF BIRTH (if not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Argene SHIELDS	
13. SOCIAL SECURITY NUMBER 8913		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Merchant Marine		14b. KIND OF BUSINESS OR INDUSTRY Seaman	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 912 Garnet Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert Antone SOLIS SR			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Marie GRIJALVA		
18a. INFORMANT - NAME (Type or Print) Gypsee Argene SOLIS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 912 Garnet Ct Carson City, Nevada 89705			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) PHILLIP BARNA		20b. FUNERAL DIRECTOR LICENSE 222T		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Mopans Lane Reno NV 89509	
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) NITA SCHWARTZ 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)		
21b. DATE SIGNED (Mo/Day/Yr) January 14, 2014		21c. HOUR OF DEATH 20:45		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) NICOLE SHORE		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 15, 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) Lung Cancer, Metastatic					
DUE TO, OR AS A CONSEQUENCE OF					
(b) DUE TO, OR AS A CONSEQUENCE OF					
(c) DUE TO, OR AS A CONSEQUENCE OF					
(d) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I.					
26. ACC., SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
28a. INJURY AT WORK (Specify Yes or No)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28e. DESCRIBE HOW INJURY OCCURRED			
29a. LOCATION		29b. STREET OR R.F.D. No.		29c. CITY OR TOWN	
29d. STATE					

STATE REGISTRAR



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BK: 0814
PG: 4480
8/20/2014

VRS-Rev-20120523a

514790

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: **01/21/2014**

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

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

