

DOC # 849061

09/04/2014 01:36PM Deputy: AR

OFFICIAL RECORD

Requested By:

First American Title Mindel

Douglas County - NV

Karen Ellison - Recorder

Page: 1 of 3 Fee: \$16.00

BK-914 PG-968 RPTT: 0.00

APN# 1220-12-710-013

Recording Requested by:

Name: First American Title Insurance Company

Address: 1663 US Highway 395, Suite 101

City/State/Zip: Minden, NV 89423

Order Number: 143-2469485



Affidavit-Terminating Joint Tenancy (Title of Document)

(for Recorder's use only)

Recorder Affirmation Statement

Please complete Affirmation Statement below:

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

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law:

440.380 (State specific law)

A. Cheechov Escrow Officer Signature Title

S. Cheechov Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)



A.P.N.: 1220-12-710-013
File No: 143-2469485 (SC)


When Recorded return to, and mail Tax Statements to:
Mary Jane Roach

AFFIDAVIT - TERMINATING JOINT TENANCY

Mary Jane Roach, of legal age, being first duly sworn, deposes and says:

That **Paul E. Roach**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Paul E. Roach** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **June 10, 2002** executed by **Scott B. Davis and Christina M. Davis** to **Paul E. Roach and Mary Jane Roach, husband and wife** as joint tenants, recorded as Document No. **0545012** on **June 18, 2002** in Book **0602, page 05734** of Official Records of **Douglas** County, **Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

LOT 32, IN BLOCK C, AS SET FORTH ON THE PLAT OF PINENUT MANOR NO.1 AND 2, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON JUNE 16, 1980, IN BOOK 680, PAGE 1361, AS DOCUMENT NO. 45348.



Mary Jane Roach Date 8/27/2014

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

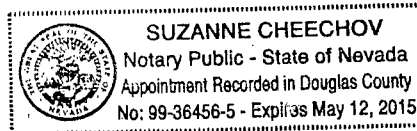
This instrument was acknowledged before me on this:
25th day of August, 2014

By: **Mary Jane Roach**



Notary Public

(My commission expires: 5/12/2015)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2011007006
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) Paul E ROACH		2. DATE OF DEATH (Mo/Day/Year) May 01, 2011		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Carson Valley Medical Center		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Male		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) April 09, 1927		9a. STATE OF BIRTH (If not U.S.A. name country) Illinois		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) Mary Jane ROSSELLE	
13. SOCIAL SECURITY NUMBER 4490		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Captain Pilot		14b. KIND OF BUSINESS OR INDUSTRY T. W. A. Airlines	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1082 Log Cabin Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Paul V ROACH	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lola THURSTON		18a. INFORMANT - NAME (Type or Print) Mary Jane ROACH		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1082 Log Cabin Rd Gardnerville, Nevada 89410	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION - City or Town - State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
20d. SIGNATURE AUTHENTICATED		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 EVAN WAYNE EASLEY M.D.			
21b. DATE SIGNED (Mo/Day/Yr) May 04, 2011		21c. HOUR OF DEATH 00:47		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Evan Wayne Easley M.D. 1520 Virginia Ranch Rd. Gardnerville, NV 89410				23b. LICENSE NUMBER 7446	
24a. REGISTRAR (Signature) NICOLE SHORE		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 09, 2011		24c. DEATH DUE TO COMMUNICABLE DISEASE YES: <input type="checkbox"/> NO: <input checked="" type="checkbox"/>	
24d. SIGNATURE AUTHENTICATED		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			
PART I		(a) Cardiac Arrest		Interval between onset and death	
(b) Coronary Artery Disease		(c) Hypertension		Interval between onset and death	
(d) Hyperlipidemia		Interval between onset and death			
PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				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)		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



BK 914
PG-970

849061 Page: 3 of 3 09/04/2014

VRS-Rev-20120523a

541449

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: 08/11/2014

R. J. [Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

