

Doc Number: **0849734**

09/23/2014 09:39 AM

OFFICIAL RECORDS

Requested By
NANCY JACKSON

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 3 Fee: \$ 16.00

Bk: 0914 Pg: 3930



Deputy: gb

Assessor's Parcel Number: 1420-33-710-012

Recording Requested by:

Nancy Rey Jackson, Ltd.
Attorney at Law
1591 Mono Avenue
Minden, NV 89423

Mail Tax Statements to:

Theresa Jungers
1189 Kimmerling Road
Gardneville, NV 89460

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

cy I the undersigned hereby affirm that this document submitted for recording contains the social security number of any person or persons as required by law. NRS 440.090 Requisites of certificates.
NRS 440.380(1)(a) Medical certificate of death: Signature; contents
NRS 40.525(5) Death certificate attached to affidavit

Carrie M. Jackson

Secretary
Nancy Rey Jackson, Ltd.

AFFIDAVIT OF TERMINATION OF COMMUNITY PROPERTY INTEREST

Community property interest was created by way of that certain "Deed"
recorded August 29, 2008, as Document Number 0729142, in Book 0808, on Page 5324.

APN: 1420-33-710-012

When Recorded Return and Mail Tax Statements To:

Theresa Jungers
1189 Kimmerling Road
Gardnerville, NV 89460

AFFIDAVIT OF TERMINATION OF COMMUNITY PROPERTY INTEREST

STATE OF NEVADA)
)
COUNTY OF DOUGLAS)

THERESA E. JUNGERS, of legal age, being duly sworn, deposes and says:

1. That EDWARD F. JUNGERS, the decedent mentioned in the attached certified copy of Certificate of Death, was, until his death, and is the same person as EDWARD F. JUNGERS, named as one of the parties in that certain deed by and between EDWARD F. JUNGERS and THERESA E. JUNGERS, husband and wife as community property, of official records of Douglas County, State of Nevada, concerning the real property situate in the County of Douglas, State of Nevada, being Assessor's Parcel Number 1420-33-710-012, and specifically described as follows:

Lot 12, in Block A, as set forth on the final map of Anderson Village, filed for record in the office of the Douglas County Recorder, State of Nevada, on August 31, 1989, in Book 889 of Official Records, at page 4542, as Document No. 209869

More commonly known as 2664 Ballard Lane, Minden, Nevada

2. That this affidavit is executed and recorded for the purposes of terminating the interest of said EDWARD F. JUNGERS in and to the hereinabove-described real property.

Dated this 19 day of September, 2014.

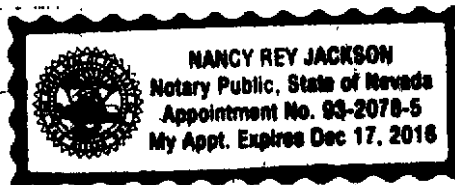
Theresa E. Jungers

THERESA E. JUNGERS

On this 19th day of September, 2014, personally appeared before me, a Notary Public, THERESA E. JUNGERS, personally known or proved to me to be the person whose name is subscribed to the above instrument and who acknowledged that she executed the above instrument.

Nancy Rey Jackson

NOTARY PUBLIC



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2013015184

STATE FILE NUMBER

| | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------|
| TYPE OR PRINT IN PERMANENT BLACK INK DECEASED 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) Edward Francis JUNGERS | | 2. DATE OF DEATH (Mo/Day/Year) September 17, 2013 | | 3a. COUNTY OF DEATH Douglas | |
| | 3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville Carson Valley Senior Living | | | 3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) Residential Care Facility | | 4. SEX Male |
| 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | 7a. AGE - Last birthday (Years) 91 | 7b. UNDER 1 YEAR MOS: _____ DAYS: _____ HOURS: _____ MINS: _____ | 8. DATE OF BIRTH (Mo/Day/Yr) May 25, 1922 | |
| 9a. STATE OF BIRTH (if not U.S.A., name country) New York | | 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) Theresa JACOBY |
| 13. SOCIAL SECURITY NUMBER 4335 | | 14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dispatcher / Inspector | | 14b. KIND OF BUSINESS OR INDUSTRY Railroad | | Ever in US Armed Forces? Yes |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | 15c. CITY, TOWN OR LOCATION Minden | | 15d. STREET AND NUMBER 2684 Ballard Lane | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) John J JUNGERS | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary NOTEMAN | | | |
| 18a. INFORMANT - NAME (Type or Print) Theresa JUNGERS | | 18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 2684 Ballard Lane Minden, Nevada 89423 | | | | |
| 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) JOHN LAWRENCE SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE 304R | 20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lomp Ln Carson City NV 89701 | | | |
| 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. SIGNATURE AUTHENTICATED | | | 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) September 18, 2013 | | 21c. HOUR OF DEATH 21:05 | 22b. DATE SIGNED (Mo/Day/Yr) | | 22c. HOUR OF DEATH | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | 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) Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703 | | | | | 23b. LICENSE NUMBER 9114 | |
| 24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 18, 2013 | 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) Acute Coronary Syndrome DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | | |
| (b) Coronary Atherosclerotic Disease DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | | |
| (c) DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | | |
| (d) DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | | |
| PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I. | | | | | 26. AUTOPSY (Specify Yes or No) No | |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes | | | | | | |
| 28a. ACC., SUICIDE, HOME, 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 : 0914
PG : 3932
9/23/2014

VRS-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.

DATE ISSUED:

JAN 07 2014

STATE REGISTRAR

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

