

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

Recording Requested by:

✓ Nancy Rey Jackson, Ltd.
1591 Mono Avenue
Minden, NV 89423

Mail Tax Statements to:

Theresa Jungers
1189 Kimmerling Road
Gardneville, NV 89460



00000402201408501970040044

KAREN ELLISON, RECORDER

af 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)

_____ 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.

CORRECTION TO AFFIDAVIT OF TERMINATION OF COMMUNITY PROPERTY INTEREST

The AFFIDAVIT OF TERMINATION OF COMMUNITY PROPERTY INTEREST recorded on September 23, 2014, as Document Number 0849734, incorrectly provided that community property interest was created by way of that certain "Deed" recorded on August 29, 2008, as Document Number 0729142, in Book 0808, on Page 5324. Community property interest was created by way of that certain "Quitclaim Deed" recorded on February 16, 2006, as Document Number 0667977, in Book 0206, on Page 4800.

Doc Number: **0849734**

09/23/2014 09:39 AM

OFFICIAL RECORDS

Requested By:
NANCY JACKSON

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

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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

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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.

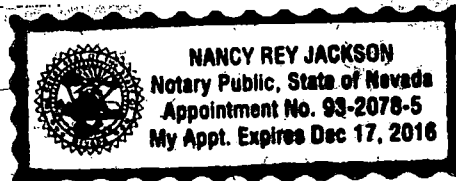
Theresa E. Jungers

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

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

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		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) Carson Valley Senior Living		3e. if Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Residential Care Facility	
4. SEX Male		7a. AGE - Last birthday (Years) 91		7b. UNDER 1 YEAR MOS: _____ DAYS: _____	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY 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	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2664 Ballard Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? 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) 2664 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) SIGNATURE AUTHENTICATED 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) September 18, 2013		21c. HOUR OF DEATH 21:05		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		22f. 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:					
(b) Coronary Atherosclerotic Disease					
DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
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, 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		28h. STREET OR R.F.D. No. CITY OR TOWN STATE	

DECEDENT

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

STATE REGISTRAR

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PG : 3932
9/23/2014

VRS-Rev-20120523a

513279

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

[Signature]
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

