

APN# 1420-29-711-002

**Recording Requested by:**

**Name:** First American Title Insurance  
Company

**Address:** P.O. Box 645

**City/State/Zip:** Zephyr Cove, NV 89448

**Order Number:** 141-2474689

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: NRS 440 380  
 (State specific law)

  
 \_\_\_\_\_  
 Signature

Escrow Officer  
 \_\_\_\_\_  
 Title

Nicole Peterson  
 \_\_\_\_\_  
 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.: 1420-29-711-002  
File No: 141-2474689 (NMP)

When Recorded return to, and mail Tax Statements to:

167 Wentworth Dr.  
Henderson, NV 89014

### AFFIDAVIT - TERMINATING JOINT TENANCY

**Eileen O'Donnell Caylor**, of legal age, being first duly sworn, deposes and says:

That Edward Charles O'Donnell, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Edward C. O'Donnell** named as one of the parties in that certain **Joint Tenancy Deed** dated **October 14, 1994** executed by Baldhosky Enterprises **Mary Jane O'Donnell and Edward C. O'Donnell** as joint tenants, recorded as Document No. **349003** on **October 20, 1994** in Book **1094, Page 3489** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

**LOT 33 IN BLOCK E OF SARATOGA SPRINGS ESTATES, UNIT 1, AS SHOWN ON THE OFFICIAL MAP RECORDED IN THE OFFICE OF THE COUNTY RECORDER ON JUNE 16, 1990 IN BOOK 690, PAGE 525, AS DOCUMENT NO. 227472.**

Eileen O'Donnell Caylor 11/21/15  
Eileen O'Donnell Caylor Date

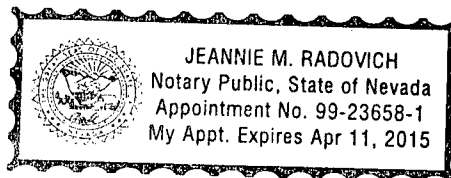
STATE OF **NEVADA** )  
COUNTY OF Clark ) :SS.

This instrument was acknowledged before me on this:  
21st day of November, 2014

By: Eileen O'Donnell Caylor

By: Jeannie Radovich Its: Notary Public  
Jeannie M. Radovich

Notary Public  
(My commission expires: 4/11/2015)



STATE OF NEVADA  
**CERTIFICATION OF VITAL RECORD**

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

**2014006702**  
 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) Edward Charles O'DONNELL		2. DATE OF DEATH (Mo/Day/Year) April 22, 2014		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION-Name (if not either, give street and number) Pioneer Motel		3e. if Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify) Motel	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 71	
9a. STATE OF BIRTH (If not U.S.A., name country) New York		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 SHERRICK		8. DATE OF BIRTH (Mo/Day/Yr) November 01, 1942	
13. SOCIAL SECURITY NUMBER -4482		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Lieutenant		14b. KIND OF BUSINESS OR INDUSTRY Nevada State Prison	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2874 Sierra Manor Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		11. Ever in US Armed Forces? No	
18. FATHER/PARENT - NAME (First Middle Last Suffix) Edward G O'DONNELL			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lucy Lagoña GARDNER		
18a. INFORMANT- NAME (Type or Print) Eileen CAYLOR		18b. MAILING ADDRESS (Street or R.F.D. No; City or Town, State, Zip) 624 Timberwood Loop Madisonville, Louisiana 70447			
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 SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenry's Funeral Home 3945 Fairview Dr. Carson City NV 89701	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) RUTH RHINES SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) April 30, 2014		21c. HOUR OF DEATH 09:54		22a. PRONOUNCED DEAD (Mo/Day/Yr) April 22, 2014	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Coroner Ruth Rhines - 911 E Musser St. Carson City, NV, 89701		22b. DATE SIGNED (Mo/Day/Yr) April 30, 2014		22c. HOUR OF DEATH 09:54	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)				23b. LICENSE NUMBER 9307	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 30, 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) Acute Cardiopulmonary Arrest					
(b) DUE TO, OR AS A CONSEQUENCE OF Coronary Artery Disease					
(c) DUE TO, OR AS A CONSEQUENCE OF Hypertension					
(d) DUE TO, OR AS A CONSEQUENCE OF Atrial Fibrillation					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Tobacco Use					
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

CERTIFIED COPY OF VITAL RECORDS

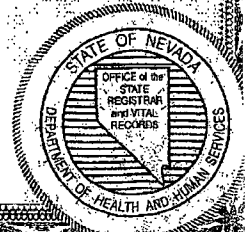
522535

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: 04/30/2014

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

*Ruth Rhines*  
 SIGNATURE AUTHENTICATED



VRS-Rev-20120523a