



KAREN ELLISON, RECORDER

APN: 1022-09-002-007

When Recorded Mail To:

ROWE HALES YTURBIDE, LLP
Michael Smiley Rowe
P.O. Box 2080
Minden, NV 89423

Send Tax Statements To:

Jane Critser
1340 Sandstone
Wellington, NV 89444

**AFFIDAVIT OF TERMINATION OF JOINT TENANCY
(Death of Joint Tenant)**

JANE HAZEL BETTE CRITSER, being of legal age and being first duly sworn, deposes and says:

Affiant was the mother of RICHARD JOSEPH GASPER, up to and until 28 October 2014, his death.

RICHARD JOSEPH GASPER died on the 28th day of October, 2014, in Washoe County, Nevada.

RICHARD JOSEPH GASPER, the decedent mentioned in the attached certified copy of Certificate of Death, is named as one of the parties in that certain Quitclaim Deed, dated the 19th of May, 2014, and executed by RICHARD JOSEPH GASPER (hereafter "Grantor") on 19 May 2014, which conveyed the below described property to RICHARD JOSEPH GASPER and JANE HAZEL BETTE CRITSER, as Joint Tenants

with Right of Survivorship (hereafter "Grantees"), holding title as joint tenants, recorded as Instrument No. 843937 on the 4th day of June, 2014, in Book 614, Page 803 of the Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lot 38 in Block R, as shown on the Map entitled Topaz Ranch Estates, Unit No. 4, filed for record November 16, 1970, in the Office of the County Recorder of Douglas County, Nevada as Document No. 50212.

Together with a multiwide manufactured home, which is permanently affixed and attached to the land and is part of the Real Property and which, by intention of the parties, shall constitute a part of the realty and shall pass with it:

Year/make: 1977/Lancer
L x W: 60x24
VIN#: 5558

Commonly known as: 1340 Sandstone Dr, Wellington, NV 89444

Pursuant to NRS 111.312, this legal description was previously recorded at Document No.843937, Book No. 614, Page 803 on 4 June 2014.

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Pursuant to NRS 239B.030(4), I affirm that this instrument does not contain the social security number of any person in that the social security number has been redacted from the Death Certificate.

IN WITNESS WHEREOF, I have hereunto set my hand this 29th day of December, 2014.


JANE HAZEL BETTE CRITSER

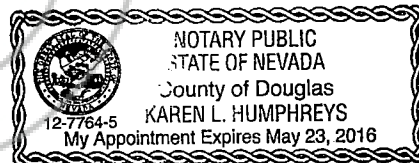
STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on the 27th day of December, 2014, by JANE HAZEL BETTE CRITSER.

WITNESS my hand and official seal.


NOTARY PUBLIC

[This form is approved as complying with NRS 111.365 on 5/9/12.]



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2014018026
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) Richard Joseph GASPER		2. DATE OF DEATH (Mo/Day/Year) October 28, 2014		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) Reno Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient (Specify) Intensive Care Unit (ICU)	
6. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 55	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		8. DATE OF BIRTH (Mo/Day/Yr) January 19, 1959	
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) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)			
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Engineer		14b. KIND OF BUSINESS OR INDUSTRY Resort	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 3785 Andesite		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Richard A GASPER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Jane H COVERT		
18a. INFORMANT - NAME (Type or Print) Brenda BROWER			18b. MAILING ADDRESS (Street or R.F.D. No; City or Town, State, Zip) 2636 Gorden Ave Minden, Nevada 89423		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Reno		19c. LOCATION City or Town State Reno Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DUSTIN OLSON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 779		20c. NAME AND ADDRESS OF FACILITY Nevada Funeral Services 3094 Research Way #63 Carson City NV 89706	
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) CHARLENE A. LETCHFORD MD 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) October 30, 2014		21c. HOUR OF DEATH 16:00		22b. DATE SIGNED (Mo/Day/Yr)	
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) CHARLENE A. LETCHFORD MD 1155 Mill St. Reno, NV 89502					23b. LICENSE NUMBER 14306
24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 05, 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				Interval between onset and death	
(a) End stage liver failure				Months	
(b) Alcohol abuse				Years	
(c) [REDACTED]				[REDACTED]	
(d) [REDACTED]				[REDACTED]	
PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Hepatitis C, gastrointestinal bleeding				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

3789884

553323

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: 11/06/2014

[Signature]
SIGNATURE AUTHENTICATED

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a

