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KAREN ELLISON, RECORDER

Affidavit-Termination of Joint Tenancy (Death of a Joint Tenant)

ASSESSOR'S PARCEL NO. (APN#): 1320-02-001-068

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO
Name: Judy Mirk
Address: 2533 Fremont St
City/State/Zip: Minden NV 89423

I, Judy Ann Mirk, the Affiant, being of legal age, and being first duly sworn, deposes and says:
That Richard John Mirk, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as Richard John Mirk
(Deceased Name as shown on Deed)

named as one of the parties in that certain Quitclaim Deed
(Type of Document)

dated on the 30th day of March, 2016, and executed by Richard and Alta Mirk, known as "Grantor(s)" to Judy Ann Richard Mirk, known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 0582757, on the 22 day of August, 2016, in book 0806, of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Minden, County of Douglas, State of Nevada.
(Set forth legal description and commonly known street address, if known)

See Attachment A

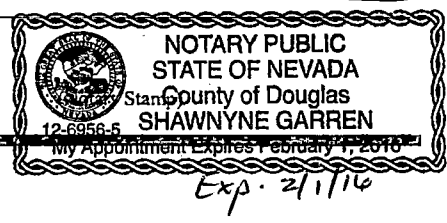
That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed the sum of \$ _____.

In witness Whereof, I/We have hereunto set my hand/our hands this 1 day of 29, 2015

Judy Mirk (Signature) _____
Judy Mirk (Print or type name here) _____

STATE OF NEVADA)
COUNTY OF ~~BUREKA~~ Douglas)
This instrument was acknowledged before me on (date) 1/29/15

By (person(s) appearing before notary public) Judy Ann Mirk
Shawnyne Garren (Notary Public)
My Commission expires: 2/1/16



OFFICIAL RECORD

Requested By:
RICHARD MIRK

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 3 Fee: 16.00
BK-0806 PG- 8403 RPTT: # 5

APN: 1320-02-001-068

Exhibit "A"

RECORDING REQUESTED BY AND AFTER RECORDATION

MAIL THIS DEED TO:

RICHARD MIRK

✓ 2533 FREMONT AVE Street

Minden, Nevada 89423

AFTER RECORDATION, SEND TAX STATEMENT TO:

RICHARD MIRK

2533 FREMONT AVE.

Minden, Nevada 89423

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

THE UNDERSIGNED GRANTOR(S) DECLARE(S)

For \$10.00 and other valuable consideration, receipt of which is hereby acknowledged, ALTA MIRK, an unmarried woman, and RICHARD MIRK, a married man as his sole and separate property as Joint Tenants ("Grantor"), do hereby quitclaim to RICHARD MIRK, a married man as his sole and separate property ("Grantee") all of their right, title and interest in and to the following real property, situated in the County of Douglas, State of Nevada, more particularly described as follows: * JUDY MIRK

All that portion of Lot 1 of the Northwest 1/4 of Section 2, Township 13 North, Range 20 East, M.D.B.&M., Douglas County, Nevada, further described as follows:

All of Parcel 3 as shown on that certain Parcel Map No. 2 for DON ROOKER, recorded in the Office of the County Recorder of Douglas County, Nevada, on April 21, 1978, in Book 478 of Official Records at Page 1254 as Document No. 19852.

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STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

2012012276
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

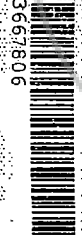
 REGISTRAR

 CAUSE OF DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE, LAST, SUFFIX) Richard John MIRK		2. DATE OF DEATH (Mo/Day/Year) August 05, 2012		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 2533 Freemont St.		3e. If Hosp. or Inst. indicate DOA OPI/Emer. Rm. (Inpatient)(Specify) Home	
4. SEX Male		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 62	
5. RACE White (Specify)		7b. UNDER 1 YEAR MOS: DAYS		7c. UNDER 1 DAY HOURS: MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 21, 1949		9a. STATE OF BIRTH (if not U.S.A. name country) California		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) Judy MONTAG	
13. SOCIAL SECURITY NUMBER 2597		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Distribution Partner		14b. KIND OF BUSINESS OR INDUSTRY Starbucks	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2533 Freemont St.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Donald MIRK			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Alta HOBDAY		
18a. INFORMANT - NAME (Type or Print) Michelle KOUTSOUDIS		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1329 Kim Place Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) JOSH FAULKNER <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 775		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop 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) NITA SANDHU SCHWARTZ M.D. <i>SIGNATURE AUTHENTICATED</i>			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) August 07 2012		21c. HOUR OF DEATH 06:22		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Nita Sandhu Schwartz M.D. 710 W. Washington St. Carson City, NV 89703			
23b. LICENSE NUMBER 9114		24a. REGISTRAR (Signature) MICHELE L YOUNG <i>SIGNATURE AUTHENTICATED</i>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 07, 2012		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) Cardiopulmonary Arrest Interval between onset and death:					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Unknown Etiology Interval between onset and death:					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Interval between onset and death:					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) 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.					
Esophageal Cancer, Seizure Disorder					
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



447204

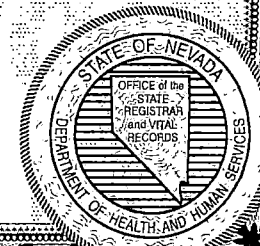
CERTIFIED COPY OF VITAL RECORDS

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: **08/09/2012**

R. D. White
STATE REGISTRAR
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