

Assessor's Parcel Number: 1320-26-002-013

Recording Requested By:

Name: Jane N. Ebbitt

Address: 1659 N. Sawmill Road

City/State/Zip Gardnerville, NV 89410

Real Property Transfer Tax:

DOUGLAS COUNTY, NV

2015-858967

Rec:\$17.00

03/20/2015 11:55 AM

Total:\$17.00

JANE EBBITT

Pgs=4



00010346201508589670040049

KAREN ELLISON, RECORDER

\$ _____

AFFIDAVIT OF DEATH OF JOINT TENANT

(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
):ss
COUNTY OF DOUGLAS)

Jane N. Ebbitt, of legal age, being first duly sworn deposes and says:

That **Terry M. Cather**, the decedent, is the same person as named as one of the parties in that certain "Grant, Bargain and Sale Deed" dated April 19, 2000, executed by Thomas Kevin Carr and Cynthia Ann Carr, as Grantors, to Jane N. Ebbitt, a widow, and Terry M. Cather, an unmarried man, as joint tenants with rights of survivorship, Grantees, and recorded on April 20, 2000 in Book 0400, at Page 3587, as Document No. 0490260, of the Official Records of Douglas County, State of Nevada, pertaining to the following described property situate in Douglas County, State of Nevada, commonly known as 1659 N. Sawmill Road, Gardnerville, Nevada 89410, and more particularly described as follows:

Parcel B as set forth on the Parcel Map for Alvin M. and Mildred L. May, being a portion of the East ½ of Section 26, Township 13 North, Range 18 East, M.D.B. & M, recorded October 10, 1975, in Book 1075, Page 458, Document No. 83774, Official Records of Douglas County, State of Nevada

Douglas County, Nevada APN 1320-26-002-013 (formally APN 23-140-050)

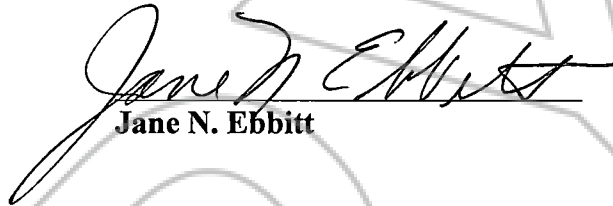
Per NRS 111.312, this legal description was previously recorded on April 20, 2000, in Book 400, at Page 3588, as Document No. 490260, Official Records of Douglas County, Nevada.

That the said Terry M. Cather died on the 9th day of March, 2015, in Gardnerville, Douglas County, State of Nevada, as set forth in the Certificate of Death filed March 17, 2015, as document

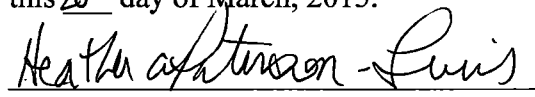
number 2015004028 with the Registrar of the State of Nevada, Department of Health and Human Services, Division of Health, Vital Statistics, to which your attention is directed.

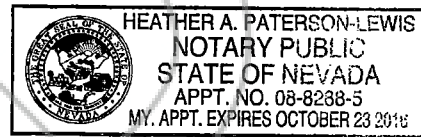
That all interest in and to said real property vested absolutely in affiant, **Jane N. Ebbitt**, as of the date of said decedent's death as set forth above.

DATED this 20 day of March, 2015.


Jane N. Ebbitt

SUBSCRIBED and SWORN to before me this 20th day of March, 2015.


Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2015004028
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) Terry Melvin CATHER		2. DATE OF DEATH (Mo/Day/Year) March 09, 2015		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street or Gardnerville Health & Rehabilitation		3e. If Hosp. or Inst. indicate DOA, OP, Emerg. Rm. Inpatient (Specify) Nursing Home	
4. SEX Male		5. RACE - White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last birthday (Years) 71		7b. UNDER 1 YEAR MOS. DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) July 06, 1943		9a. STATE OF BIRTH (If not U.S.A.) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Jane STINSON	
13. SOCIAL SECURITY NUMBER 4071		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Crane Operator		14b. KIND OF BUSINESS OR INDUSTRY Shipping Yards	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1659 N. Saw Mill Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Jack CATHER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Betty SMITH		
18a. INFORMANT - NAME (Type or Print) Jane CATHER			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1695 N. Saw Mill Road Gardnerville, Nevada 89410		
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 (Of Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompac 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) VIJAY MAIYA 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) March 12, 2015		21c. HOUR OF DEATH 19:10		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) Vijay Maiya MD 1600 Medical Parkway Carson City, NV 89703				23b. LICENSE NUMBER 11909	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 12, 2015		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 DUE TO, OR AS A CONSEQUENCE OF (b) Lung Cancer 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 1. Unknown Etiology				Interval between onset and death	
26. AUTOPSY (Specify Yes or No) No				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. ACC, SUICIDE, HOMICIDE, 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

321598

570951

CERTIFIED COPY OF VITAL RECORDS

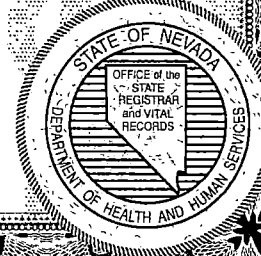
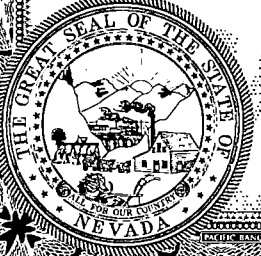
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records:

DATE ISSUED:

3/17/2015

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

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a