

APN: 1420-07-814-014



00012305201508607110060065

KAREN ELLISON, RECORDER

When Recorded Mail To:

ROWE HALES YTURBIDE, LLP
Jennifer Yturbide, Esq.
P.O. Box 2080
Minden, NV 89423

Send Tax Statements To:

Claudette Springmeyer,
Douglas County Public Guardian
Box 1059
Minden, NV 89423

**AFFIDAVIT OF TERMINATION OF JOINT TENANCY
(Death of Joint Tenant - NRS 111.365)**

I, CLAUDETTE SPRINGMEYER, being of legal age and being first duly sworn, deposes and says:

1. I am the Public Guardian for Douglas County, Nevada.
2. The Court appointed me Guardian for the Person and Estate of Anita Clark. Letters of Guardianship issued on 12 February, 2015, a certified copy of which is attached hereto as Exhibit A.
3. Anita Clark is the daughter of Gene T. Clark (hereafter "Decedent"), who passed away on May 3, 2012 in Douglas County, Nevada. A certified copy of Decedent's Certificate of Death is attached hereto as Exhibit B.
4. Gene T. Clark and his daughter Anita Clark were parties to that Grant, Bargain and Sale Deed dated the 9th day of November, 2015, executed by Gene T. Clark

(Grantor) to Gene T. Clark, an unmarried man, and Anita Clark, an unmarried woman, (Grantees), holding title as joint tenants with right of survivorship, in that certain real property situated in Douglas County, State of Nevada described in recorded Instrument No. 0455905 on the 7th day of December, 1998, in Book 1298, Page 1745 of the Official Records of Douglas County, State of Nevada, the legal description of which is set forth below.

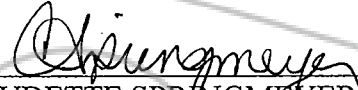
Lot 4, in Block Q, of the final map of SUNRIDGE HEIGHTS, PHASES 6B, 7A and 8B, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on January 30, 1996, as Document No. 380052, and Certificate of Amendment recorded February 2, 1996, as Document No. 380351.

5. Per NRS 111.312, this legal description was previously recorded at Document No. 0455905 on the 7th day of December, 1998, in Book 1298, Page 1745 of the Official Records of Douglas County, State of Nevada, on 7th day of December, 1998.

(THE BALANCE OF THIS PAGE INTENTIONALLY LEFT BLANK)

6. 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 22nd day of April, 2015.

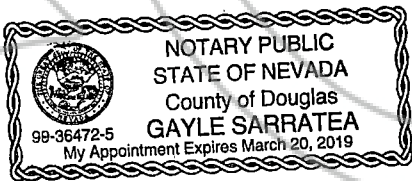


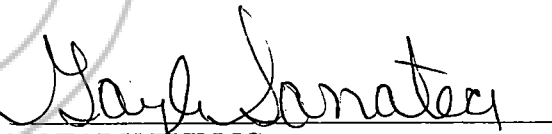
CLAUDETTE SPRINGMEYER

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on the 22nd day of April, 2015, by Claudette Springmeyer.

WITNESS my hand and official seal,





NOTARY PUBLIC

Mailing Address
P.O. Box 2080
Minden, NV 89423
Facsimile (775) 782-3685

Rowe Hales Yturbide
Attorneys At Law

Physical Address
1638 Esmeralda Avenue
Minden, NV 89423
(775) 782-8141

1 CASE NO. 15-PB-0017

2 DEPT. NO. I

3
4 The undersigned affirms
that this document contains
5 no Social Security Number

RECEIVED
FEB 12 2015
Douglas County
District Court Clerk

FILED
2015 FEB 12 AM 8:55
ROBBIE R. WILLIAMS
CLERK
BY Robbie Williams
DEPUTY

6 IN THE NINTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
7 IN AND FOR THE COUNTY OF DOUGLAS

8 In the Matter of the
9 Guardianship

LETTERS OF GUARDIANSHIP

10 of
11 ANITA CLARK,
12 Adult Ward.

13 _____ /
14 STATE OF NEVADA)
15) ss.
16 COUNTY OF DOUGLAS)

17 To All To Whom These Presents Come, Greeting:

18 Know Ye, that on the 9th day of Febuary, 2015, the Ninth Judicial District Court, Douglas
19 County, State of Nevada, appointed Claudette Springmeyer as guardian of the person and estate for
20 ANITA CLARK, Ward, an adult; that the named guardian has qualified and has the authority and shall
21 perform the duties of guardian of the person and estate for the named ward as provided by law. In
22 testimony whereof, I have hereunto subscribed my name and affixed the seal of the court at my office on
23 the 12 day of February, 2015

24 Clerk of the Court

25
26 By: Robbie Williams
27 Deputy Clerk
28

EXHIBIT "A"

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OATH

I, Claudette Springmeyer, whose mailing address is: P.O. Box 1059, Minden, NV 89423, solemnly affirm that I will faithfully perform according to law the duties of Guardian, and that all matters stated in any petition or paper filed with the Court by me are true of my own knowledge or, if any matters are stated on information and belief, I believe them to be true.

I acknowledge by duty as Guardian to notify the Court, all interested parties, the Trustee and/or named executor or appointed personal representative of the estate of ANITA CLARK of the death of ANITA CLARK within 30 days after the death.

C Springmeyer
CLAUDETTE SPRINGMEYER

SUBSCRIBED AND AFFIRMED before me on this 12 day of February, 2015.

CLERK OF THE COURT

[Signature]
By: *D. Williams*
Deputy Clerk or Notary Public

County of Douglas, State of Nevada

CERTIFIED COPY

The document to which this certificate is attached is a full, true and correct copy of the original in file and of record in my office.

DATE February 12, 2015
BOBBIE R. WILLIAMS, Clerk of Court
of the State of Nevada, in and for the County of Douglas,
By *[Signature]* Deputy

Mailing Address
P.O. Box 2080
Minden, NV 89423
Facsimile (775) 782-3685

Rowe Hales Yturbe
Attorneys At Law

Physical Address
1638 Esmeralda Avenue
Minden, NV 89423
(775) 782-8141

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2012007572
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) Gene T CLARK		2. DATE OF DEATH (Mo/Day/Year) May 03, 2012		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 976 Hilltop Drive		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		7a. AGE-Last birthday (Years) 83		8. DATE OF BIRTH (Mo/Day/Yr) July 28, 1928	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOB DAYS	
9a. STATE OF BIRTH (If not U.S.A., name country) Louisiana		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)		15a. INSIDE CITY LIMITS (Specify Yes or No) Yes	
13. SOCIAL SECURITY NUMBER 3551		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Engineer		14b. KIND OF BUSINESS OR INDUSTRY Engineering	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 976 Hilltop Drive		18. FATHER/PARENT - NAME (First Middle Last Suffix) Marcus L CLARK		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Minnie FREEMAN	
18a. INFORMANT - NAME (Type or Print) Anita CLARK		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 976 Hilltop Drive Carson City, Nevada 89705			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Northern Nevada Veterans Cemetery		19c. LOCATION City or Town State Femley Nevada 89408	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr 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) COLLEEN CARALYN LYONS 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) May 12, 2012		21c. HOUR OF DEATH 08:44		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	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Colleen Caralyn Lyons M.D. 2874 North Carson St. Suite 1 Carson City, NV 89706			
23b. LICENSE NUMBER 5698		24a. REGISTRAR (Signature) MICHELE L YOUNG <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May-16, 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) Cardiac Arrest Interval between onset and death Several Years (b) Cardio Vascular Disease Interval between onset and death (c) Cardio Vascular Disease Interval between onset and death (d) Cardio Vascular Disease Interval between onset and death			
26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		25b. DATE OF INJURY (Mo/Day/Yr)		25c. HOUR OF INJURY	
25d. DESCRIBE HOW INJURY OCCURRED		28. AUTOPSY (Specify Yes or No) No			
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28. INJURY AT WORK (Specify Yes or No)			
28e. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION STREET OR R.F.D. No.		28g. CITY OR TOWN STATE	

STATE REGISTRAR

3653659



435693

CERTIFIED COPY OF VITAL RECORDS

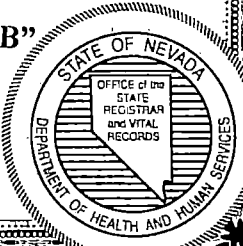
EXHIBIT "B"

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: 05/16/2012

Rod 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

VRS-Rev-20110325