

DOUGLAS COUNTY, NV

2015-861542

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\$17.00 Pgs=4

05/06/2015 02:19 PM

NATIONAL CLOSING SOLUTIONS

KAREN ELLISON, RECORDER

APN# 1220-16-210-199

**Recording Requested by:**

**Name:** \_\_\_\_\_

**Address:** Return / Mail To: NCS  
9087 Foothills Blvd. Ste 700  
Roseville, CA 95747  
800-958-8060

**City/State/Zip:** \_\_\_\_\_

**Mail Tax Statements to:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

17-529313

*Affidavit Terminating Joint Tenancy*

**Title of Document  
(Required Field)**

**The Undersigned Hereby Affirms That This Document Submitted For Recording  
Contains Personal Information As Required By Law: (check applicable)**

- Affidavit of Death - NRS 440.380 (1)(A) and NRS 40.525 (5)
- Judgment - NRS 17.150 (4)
- Military Discharge - NRS 419.020 Sec. (2)

*Tara Reel*

**Signature**

Tara Reel

**Print Name**

Escrow

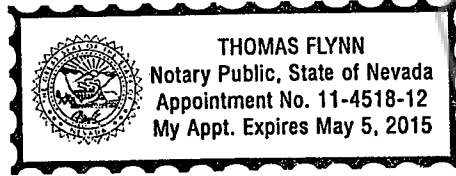
**Capacity**

**If there is no applicable State or Federal Law, Personal Information must be removed prior to recording.**

**\$1.00 Additional Recording Fee for Use of This Page**

**AFFIDAVIT TERMINATING JOINT TENANCY**

State of Nevada )  
County of Douglas ) ss.



Merwin R. Flagg being first duly sworn, deposes and says:

That affiant is Merwin R. Flagg the person named as Merwin R. Flagg, one of the grantees in that certain deed recorded on 3/31/2005, as Document #0640504, in the office of the County Recorder of Douglas County, Nevada.

That Annett T. Flagg was one of the grantees named in said deed and was the identical person named as Annett T. Flagg, the decedent, in that certain Death Certificate, a certified copy of which is attached hereto and made a part hereof.

Merwin R. Flagg  
Merwin R. Flagg

Subscribed and sworn to, before me this  
24 day of April, 2015

Thomas Flynn  
Notary Public in and for said County and State

**CERTIFICATION OF VITAL RECORD**

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

**2012001709**

STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

DECEASED

IF DEATH  
OCCURRED IN  
INSTITUTION  
SEE HANDBOOK  
REGARDING  
IMPLEMENTATION  
OF RESIDENCE  
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF  
DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Annette T FLAGG</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 02, 2012</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>1201 Kingston Way</b>		3e. If Hosp or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Female</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>78</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>December 08, 1933</b>		9a. STATE OF BIRTH (if not U.S.A. name country) <b>New York</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>14</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Merwin FLAGG</b>	
13. SOCIAL SECURITY NUMBER <b>██████████3913</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Medical Banking</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Medical</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1201 Kingston Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Rocco DEMARCO</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>A TIMPONI</b>		18a. INFORMANT - NAME (Type or Print) <b>Merwin FLAGG</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1201 Kingston Way Gardnerville, Nevada 89460</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Eastside Memorial Park</b>		19c. LOCATION City or Town State <b>Minden Nevada 89423</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>RICK NOEL</b> <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE <b>620</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>GARRETT DONALD SCHWARTZ M.D.</b> <i>SIGNATURE AUTHENTICATED</i>		21b. DATE SIGNED (Mo/Day/Yr) <b>February 06, 2011</b>		21c. HOUR OF DEATH <b>07:50</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
22a. PRONOUNCED DEAD (Mo/Day/Yr)		22d. PRONOUNCED DEAD AT (Hour)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Garrett Donald Schwartz M.D. 1107 Highway 395 Gardnerville, NV 89410</b>		23b. LICENSE NUMBER <b>9086</b>		24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> <i>SIGNATURE AUTHENTICATED</i>	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 07, 2012</b>		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) <b>Respiratory Failure</b>		Interval between onset and death		DUE TO, OR AS A CONSEQUENCE OF	
(b) <b>Chronic Obstructive Pulmonary Disease</b>		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		DUE TO, OR AS A CONSEQUENCE OF	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
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



422936

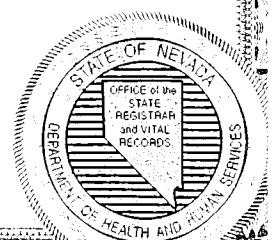
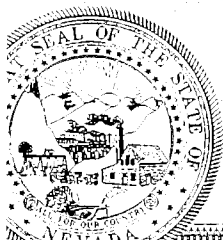
CERTIFIED COPY OF VITAL RECORDS

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: 02/14/2012

*Rod White*  
STATE REGISTRAR  
*SIGNATURE AUTHENTICATED*

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



VRS-Rev.20110104

**EXHIBIT "A"**  
**LEGAL DESCRIPTION**

The land described herein is situated in the State of Nevada, County of Douglas, described as follows:

Lot 9 of Block G, as shown on that certain Map entitled, "Amended Map of Rancho Estates", filed for record October 30, 1972 as Document No. 62493.

APN: 1220-16-210-199

