



KAREN ELLISON, RECORDER

17
APN # 1220-24-41-021

Recording Requested by and Return to:

Indecomm Global Services
as Recording Agent Only
1260 Energy Lane
St. Paul, MN 55108

Affidavit Terminating Joint Tenancy

*Record 1st
79956275*

(Title of Document)

I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law:

Specify Law* NRS 40.525(5)

Signed *Grace Bowers*

Specify Law* NRS440.380(1)(a)

Printed Name: Grace Bowers

*If there is no applicable State or Federal Law, a Social Security Number must be removed prior to recording.

This page added to provide additional information required by NRS 111.312 Sections 1-4.

(Additional recording fee applies).

This cover page must be typed or printed clearly in black ink only.

TAX ID: 1220-24-401-021

AFFIDAVIT TERMINATING JOINT TENANCY

60326388-3012797

STATE OF NEVADA)

ss.

COUNTY OF DOUGLAS)

Gail E. Stevens, being first duly sworn, deposes and says that affiant is over the age of 18 years and competent to be a witness as to the matters hereinafter stated.

That affiant, Gail E. Stevens, is one of the persons named in Deed from John R. Decarlo and Linda Decarlo, husband and wife to Ross J. Stevens and Gail E. Stevens, husband and wife, as joint tenants, Dated October 3, 2002, Recorded October 16, 2002 in Liber/Book 1002, Page/Folio 07007.

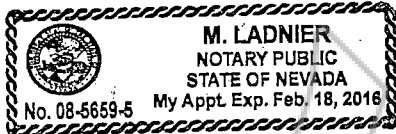
That Ross J. Stevens, was one of the grantees named in said deed and was the identical person named Ross J. Stevens, as the decedent, in that Certain Death Certificate, a certified copy or original copy of which is attached hereto and made a part hereof.

Gail E. Stevens
Gail E. Stevens

Subscribed and sworn to before me this
8th day of JUNE, 2015, by GAIL E. STEVENS

M. Ladnier

Notary Public in and for said County and State



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

2015002096
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) Ross J STEVENS			2. DATE OF DEATH (Mo/Day/Year) February 07, 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 3e. If Hosp. or Inst. indicate D.O.A./P./Emer. Rm. Inpatient (Specify). 637 Derby Ct Home			4. SEX Male	
5. RACE White (Specify)	6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 78	7b. UNDER 1 YEAR MOS. DAYS HOURS MINS	7c. UNDER 1 DAY	8. DATE OF BIRTH (Mo/Day/Yr) October 06, 1936	
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) Gail E DAVIS
9c. SOCIAL SECURITY NUMBER ██████████ 1912		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY		Ever in US Armed Forces? Yes
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville	15d. STREET AND NUMBER 637 Derby Ct		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) William Samuel STEVENS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Olive Gertrude JEFFREY			
18a. INFORMANT - NAME (Type or Print) Gail E STEVENS			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 637 Derby Ct, Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Crementation		19b. CEMETERY OR CREMATORY - NAME Fitzhenrys Crematory		19c. LOCATION City or Town State Carson City Nevada 89701		
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 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) NITA SCHWARTZ M.D. 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) February 10, 2015		21c. HOUR OF DEATH 20:02		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
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) Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703					23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 11, 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) Idiopathic Cirrhosis DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death (b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death (c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death (d) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death						26. AUTOPSY (Specify Yes or No) No
PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.						27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No
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

3816560

565006

CERTIFIED COPY OF VITAL RECORDS

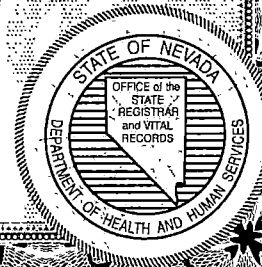
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **FEB 11 2015**

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

R. D. Whelan
STATE REGISTRAR

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

EXHIBIT A - LEGAL DESCRIPTION

Tax Id Number(s): 1220-24-401-021

Land Situated in the County of Douglas in the State of NV

THOSE PARCELS OF LAND LOCATED WITHIN A PORTION OF THE SOUTHWEST 1/4 OF SECTION 24, TOWNSHIP 12 NORTH, RANGE 20 EAST, M.D.B.&M., DOUGLAS COUNTY, NEVADA, BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

PARCEL B AS SET FORTH ON THAT CERTAIN PARCEL MAP "#LDA 98-041" FOR RAUBER TRUST, FILED FOR RECORD ON JULY 12, 1999 IN BOOK 799, AT PAGE 1728, DOCUMENT NO. 472272, OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA.

By Deed From John R. Decarlo and Linda Decarlo, husband and wife to Ross J. Stevens and Gail E. Stevens, husband and wife dated 10/03/2002, recorded on 10/16/2002 at Instrument Number _____ (or) Deed Book 1002 Page 07007.

"The property address and tax parcel identification number listed are provided solely for informational purposes, without warranty as to accuracy or completeness and are not hereby insured."

NOTE: The Company is prohibited from insuring the area or quantity of the land. The Company does not represent that any acreage or footage calculations are correct. References to quantity are for identification purposes only.

Commonly known as: 637 Derby Ct, Gardnerville, NV 89410



U05384591

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