

APN# 1220-01-002-019

Recording Requested by:

Name: First American Title Insurance
Company

Address: 1663 US Highway 395, Suite 101

City/State/Zip: Minden, NV 89423

Order Number: 143-2484861

Affidavit - Terminating Joint Tenancy
 (Title of Document)

(for Recorder's use only)

Recorder Affirmation Statement

Please complete Affirmation Statement below:

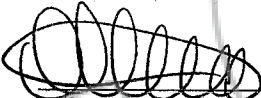
I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law:

NRS 410.380

(State specific law)



 Signature

Escrow officer

 Title

Neale Peterson

 Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)

A.P.N.: 1220-01-002-019
File No: 143-2484861 (NMP)

When Recorded return to, and mail Tax Statements to:
Morrison
6523SS. Topaz Drive
Chandler, AZ 85249

AFFIDAVIT - TERMINATING JOINT TENANCY

Sandra Sue Morrison, of legal age, being first duly sworn, deposes and says:

That **John C. Parks**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **John C. Parks** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **March 27, 1975** executed by **L.E. Staley and Ellen Staley, husband and wife to Bertha Ann Parks and John C. Parks** as joint tenants, recorded as Document No. **79267** on **April 4, 1975** in Book **475** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

A PARCEL OF LAND BEING LOCATED IN THE SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 1, TOWNSHIP 12 NORTH, RANGE 20 EAST, M.D.B. & M., DOUGLAS COUNTY, NEVADA, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTHEAST CORNER OF SAID SOUTHWEST 1/4, SOUTHEAST 1/4 SECTION 1, TOWNSHIP 12 NORTH, RANGE 20 EAST, WHICH IS THE SOUTHEAST CORNER OF THE LOT FROM WHICH THE 1/4 CORNER ON THE SOUTH BOUNDARY OF SAID SECTION 1 BEARS NORTH 89°50'20" WEST, 1323.56 FEET; THENCE NORTH 0°00'40" EAST, 359.00 FEET; THENCE NORTH 89°50'20" WEST, 365.00 FEET; THENCE SOUTH 0°00'40" WEST, 359.00 FEET; THENCE SOUTH 89°50'20" EAST, 365.00 FEET TO THE POINT OF BEGINNING.

NOTE: THE ABOVE METES AND BOUNDS DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED APRIL 04, 1975, IN BOOK 475, PAGE 177, AS INSTRUMENT NO. 79267.

Sandra Sue Morrison 6-25-15
Sandra Sue Morrison Date

STATE OF NEVADA)
)
) ss.
 COUNTY OF DOUGLAS)



This instrument was acknowledged before me on this:
25 day of June, 2015

By: Sandra Sue Morrison

By: Lori A. Clark

Notary Public

~~By:XX
 XXX~~

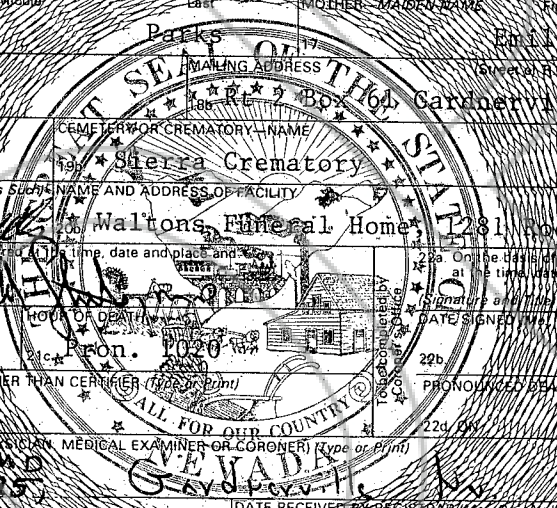
Notary Public
 (My commission expires: 6/12/2017)

COPY

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES STATE OF NEVADA DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

LOCAL FILE NUMBER		DECEASED - NAME - First Middle Last John C. PARKS		DATE OF DEATH (Month - Day - Year) Nov. 21, 1985		STATE FILE NUMBER	
CITY, TOWN, OR LOCATION OF DEATH Gardnerville		HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) 3c 1892 Sheep Camp Rd.		INSIDE CITY LIMITS (Specify Yes or No) No		COUNTY OF DEATH Douglas	
AGE - Last Birthday (Years) 63		UNDER 1 YEAR - MONTHS - DAYS 50		UNDER 1 DAY - HOURS - MINUTES 36		DATE OF BIRTH (Month - Day - Year) July 16, 1922	
SEX Male		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married		SURVIVING SPOUSE (If wife, give maiden name) Ann Kessler		WAS DECEASED EVER IN U.S. ARMED FORCES (Specify Yes or No) Yes	
STATE OF BIRTH (If not U.S.A., name country) Kansas		CITIZEN OF WHAT COUNTRY USA		KIND OF BUSINESS OR INDUSTRY Tool & Die		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool & Die Machinist	
SOCIAL SECURITY NUMBER [REDACTED]-0013		RESIDENCE - STATE Nevada		COUNTY Douglas		CITY, TOWN, OR LOCATION Gardnerville	
FATHER - NAME - First Middle Last Edwin Parks		MOTHER - MAIDEN NAME - First Middle Last Emilie Schenbeck		STREET AND NUMBER 1892 Sheep Camp Rd.		INSIDE CITY LIMITS (Specify Yes or No) No	
MARRIAGE LICENSE NUMBER Ann Parks		MAILING ADDRESS (Street or R.F.D. or Care of, City, State, Zip) Box 104, Gardnerville, Nevada 89410		CEMETERY OR CREMATORY - NAME Sierra Crematory		CITY, STATE, ZIP Reno, Nevada	
MANNER OF DEATH (Specify Yes or No) Cremation		NAME AND ADDRESS OF FACILITY Waltons Funeral Home, 1281 Popo St. Carson City, Nevada		DATE RECEIVED BY REGISTRAR (Month - Day - Year) Nov 21 1985		DEATH REPORT BY (Name and Title of Person Reporting) [Signature]	
NAME OF ATTENDING PHYSICIAN OR OTHER THAN CERTIFIER (Type or Print) Ronald Steele, M.D.		DATE RECEIVED BY REGISTRAR (Month - Day - Year) Nov 21 1985		DEATH REPORT BY (Name and Title of Person Reporting) [Signature]		DEATH REPORT BY (Name and Title of Person Reporting) [Signature]	
DATE OF DEATH (Month - Day - Year) Nov 21 1985		DATE RECEIVED BY REGISTRAR (Month - Day - Year) Nov 21 1985		DEATH REPORT BY (Name and Title of Person Reporting) [Signature]		DEATH REPORT BY (Name and Title of Person Reporting) [Signature]	
PART I - CAUSE OF DEATH 1a. IMMEDIATE CAUSE (Specify) Terminal Cirrhosis (HFOA)		PART II - CAUSE OF DEATH 1b. DUE TO OR AS A CONSEQUENCE OF [REDACTED]		PART III - CAUSE OF DEATH 1c. DUE TO OR AS A CONSEQUENCE OF [REDACTED]		PART IV - CAUSE OF DEATH 1d. OTHER SIGNIFICANT CONDITIONS - conditions contributing to death but not related to cause given in PART I, II, or III [REDACTED]	
2a. SUICIDE (How, Undet. or Pending Inquest) (Specify) [REDACTED]		2b. DATE OF INJURY (Mo. - Day - Yr.) [REDACTED]		2c. HOUR OF INJURY [REDACTED]		2d. DESCRIBE HOW INJURY OCCURRED [REDACTED]	
2e. INJURY AT WORK (Specify Yes or No) [REDACTED]		2f. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) [REDACTED]		2g. LOCATION [REDACTED]		2h. STREET OR R.F.D. No. CITY OR TOWN STATE [REDACTED]	



This is to certify that the above is a true and correct copy of the certificate on file in this office.

Catherine S. [Signature]
Deputy Registrar

Date Issued: **NOV 21 1985**

VITAL RECORDS

Deputy Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.