	JEFFREY SCOTT REAGAN
APN# 1220-25-510-018	
Recording Requested by/Mail to:	00019582201508672630040045
Name: WILLIAM H. REAGAN	KAREN ELLISON, RECORDER
Address: 2625 BILLT'S RD.	\ \
City/State/Zip: MINDEN, NU 89423	\.\
Mail Tax Statements to:	
Name: SAME AS ABOUE	
Address:	
City/State/Zip:	
AFFIDAVIT TERMINATION	NO JOINT TENANCY
Title of Document (required)	
(Only use if applicable)	\
The undersigned hereby affirms that the document sub-	mitted for recording
contains personal information as required by law: (c	
★ Affidavit of Death – NRS 440.380(1)(A) & I	NRS 40.525(5)
Judgment – NRS 17.150(4)	
Military Discharge – NRS 419.020(2)	
Jeffrey Scott Keagen	
Signature /	
Printed Name	
This document is being (re-)recorded to correct document #	, and is correcting
`	-

DOUGLAS COUNTY, NV

Rec:\$17.00

Total:\$17.00

2015-867268

Pgs=4

08/03/2015 03:26 PM

## AFFIDAVIT TERMINATING JOINT TENANCY

State of Nevada )
County of Doubles ) ss.
being first duly sworn, deposes and says that affiant is over the age of 21 years and competent to be a witness as to the matters hereinafter stated.
That affiant is WILLIAM H REAGAN, one of the grantees in that certain deed recorded on 7-12-1990, as Document No. 230062 in Book 790, Page 1525, in the office of the County Recorder of DOUGLAS County, Nevada.
That VERA JEAN REAGAN was one of the grantees named in said deed and was the identical person named as  VERA JEAN REAGAN, the decedent, in that certain Death Certificate, a certified copy of which is attached hereto and made a part hereof.
Deffry Scott Reagn (SIGNATURE)
Subscribed and sworn to before me this  3- day of Hugust, 2015  By Jeff Rey Scott Reason  JODI O. STOVALL  Notary Public - State of Nevada  Appointment Recorded in Douglas County  No: 03-79473-5 - Expires August 3, 2016

## JOINT TENANCY DEED

THIS INDENTURE WITNESSETH: That

Ronald F. Lamb and Donna F. Lamb, husband and wife

in consideration of \$10.00, the receipt of which is hereby acknowledged, do hereby Grant, Bargain, Sell and Convey to

William H. Reagan and Vera Jean Reagan, husband and wife as joint tenants with right of survivorship, and not as tenants in common,

and to the heirs and assigns of such Grantee forever, all that real property situated in the County of Douglas, State of Nevada, bounded and described as follows:

Lot 9, Block B, of THOMPSON ACRES UNIT NO. 2, filed in the office of the County Recorder of Douglas County, Nevada, on March 22, 1978, as Document No. 18827.

APN 29-431-09.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions, remainders, rents, issues or profits thereof.

Witness our hands this 2 day of

July 1990

Donna F. Lamb

Ronald F. Lamb

) \_\_: SS

COUNTY OF DOUGLAS

On July 7, 1990 personally appeared before me, a Notary Public, Ronald F. Lamb and Donna F. Lamb

who acknowledged that they executed the above instrument.

Motary Public

DARLENE ADAMS
NOTARY PUBLIC - NEVADA
DOUGLAS COUNTY
My Appt. Expires Feb. 6, 1992

WHEN RECORDED MAIL TO: William H. Reagan 20519 Londelius Canoga Park, CA 91306

The Grantor(s) declare(s):
Document Transfer Tax is \$32.45
(X) computed on full value of property conveyed

MAIL TAX STATEMENTS TO: as shown above

Jeffrey L. Hartman Attorney at Law 333 W. Moana Reno, NV 89509 REQUESTED BY
STEWART TITLE OF DOMMAS COUNTY
IN OFFICIAL RECORDS OF
DOUG! AS CO... NEVADA

90 JUL 12 P1:05

SUZANNE BEAUDREAU SECORDER

\$ 500 PAIN DEPUTY

230062

BOOK 790 PAGE 1525

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

TYPE OR	TADA SAA SAADOA SA				E FILE NUMBER	
PRINT IN	1a. DECEASED-NAME (FIRST, MIDDLE	LAST,SUFFIX)		2. DATE OF DEATH (Mo/Day/Year	3a COUNTY OF DEATH	
MANENT	Vera J	REAGAN	TO STANKE	May 13, 2012	Douglas	
ACK INK	3b. CITY, TOWN: OR LOCATION OF D	EATH 3c. HOSPITAL OR OTHER INSTITU	TION -Name(If not either, give	street 3e.lf Hosp, or Inst, Indica	e DOA,OP/Emer. Rm. 4, SEX	
, ,,,,	[	and number)	1.7 (1.7 (1.7 (1.7 (1.7 (1.7 (1.7 (1.7 (	(inpatient(Specity) :	atient Female	
ECEDENT	Gardnerville		h and Rehabilitation	75 UNDED 4 VEAR IZO UNDER 1	DAY 8. DATE OF BIRTH (Mo/Day/Yr)	
Mir di	5. RACE White (Specify)	6. Hispanic Origin? Specify No - Non-Hispanic	ibirthday (Years)	MOS DAYS HOURS	AINS Will warm to come	
	(Specify)	ski na aviti	81	7 7	October 11, 1930	
IF DEATH	9a. STATE OF BIRTH (If not U.S.A.,	96. CITIZEN OF WHAT COUNTRY 10.ED	UCATION 11. MARRIED, NE		SURVIVING SPOUSE (if wife, give	
CCURREDIN	name country) Nebraska	United States			alden name) William Henry REAGAN	
NSTITUTION E HANDBOOK	13. SOCIAL SECURITY NUMBER	14e, USUAL OCCUPATION (Give Kind of	Work Done During Most	14b. KIND OF BUSINESS OR IN	IDUSTRY Ever in US Armed	
REGARDING	2838 of Working Life, Even If Retired) Homemaker Own Home Forces? No					
MPLETION OF RESIDENCE	15a. RESIDENCE - STATE 15b. C	OUNTY 15c. CITY, TOWN	OR LOCATION 15d. S	STREET AND NUMBER	15e, INSIDE CITY	
ITEMS		_	1. 1	Stagecoach	or No) No	
· · · · · · · · · · · · · · · · · · ·	Nevada			ARENT NAME (First Middle La	100 100 100 100 100 100 100 100 100 100	
PARENTS	18. FATHER/PARENT - NAME (First !	fiddle (Last Suffix)	17. MOTHER/P	Hazel BEN		
		Howard KELLOGG	A CONTRACTOR	W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
/ "	18a. INFORMANT- NAME (Type or Prin	***		F.D. No, City or Town, State, Zip)		
, -	Jeffrey S RE		and the second and the second and the second	Billys Rd. Minden, Nevada		
i Ma	19a, BURIAL, CREMATION, REMOVAL	, OTHER (Specify) 19b. CEMETERY OR C	REMATORY - NAME**	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FION: City or Town State:	
SPOSITION		W was was	'alton's Sierra Cremato	ory C	arson City Nevada 89706	
#	20a. FUNERAL DIRECTOR - SIGNATU	IRE (Or Person Acting as Such)   120b. FU	NERAL 20c. NAM	ME AND ADDRESS OF FACILITY		
(%)	RICK I		OR LICENSE	Walton's Chape	el of the Valley	
1111	The Market Control of the Control	AUTHENTICATED	620	1281 N Roop Cars	on City NV 89706	
ADE CALL	TRADE CALL - NAME AND ADDRESS		10.00 V. 10.00 V.	The same of the state of the same		
ADE CALL			o and In 1220 On th	e basis of examination and/or inves	tigation, in my opinion death occurred at	
	21a. To the best of my knowled	ge, death occurred at the time, date and place nature & Title) SIGNATURE AUTHEN	reand 22a. On the time, d	ate and place and due to the cause	(s) stated (Signature & Title)	
i lyf (il		LFREDO AGUIRRE MD	Deld w 22h DAT			
CERTIFIER	18 5		ஐ 22b. DAT	E.SIGNED (Mo/Day/Yr)	22c. HOUR OF DEATH	
	ំខ្ញុំ May 22, 2012	.02:05	8 1			
	21d NAME OF ATTENDING P	HYSICIAN IF OTHER THAN CERTIFIER	22d. PRC	NOUNCED DEAD (Mo/Day/Yr)	226 PRONOUNCED DEAD AT (Hour)	
	CType or Print)		₽.83 <u> </u>		H HA WARTAN	
ķ. šii	23a NAME AND ADDRESS OF CERT	IFIER (PHYSICIAN, ATTENDING PHYSICIA	N. MEDICAL EXAMINER, OR	CORONER) (Type or Print)	23b. LICENSE NUMBER	
	Jose Alf	redo Aguirre MD 1600 Medical F	arkway Carson City, N	IV 89703	11479	
	24e REGISTRAR (Signatura)		24b. DATE RECEIVE		ATH DUE TO COMMUNICABLE DISEASE	
REGISTRAF		MICHELE L YOUNG	. N. M 275 1000	May 23: 2012	YES NO X	
W.	Floridaer Louis Altitude Mac	SIGNATURE AUTHENTICATED	T 2.10 DATE DEAT .		Interval between onset and death:	
CAUSE OF		TER ONLY ONE CAUSE PER LINE FOR (A	), (D), YND (C).)		Years	
DEATH	PART (a) Primary Bilia			<u> 18-18 - BOO LOW LAST — </u>	*** *** *** *** **** **** **** **** ****	
	DUE TO, OR AS A C	ONSEQUENCE OF:		udaya www u bilatin	Interval between onset and death	
ONDITIONS IF	600		100 m			
ANY WHICH	DUE TO, OR AS A C	ONSEQUENCE OF:	N. CYTTE CLASS	Wist Models	Interval between onset and death	
IMMEDIATE					Brigada — Warayaya (m. 1919)	
CAUSE ->	CO	ONSEQUENCE OF:	- <u>454, 45, 47, 1787</u> - 1787 - 1787 - 1787 - 1787		Interval between onset and death	
INDERLYING	DOE 10, OK AS A C	CHSEGOENGE OLIVE				
CAUSE LAST	(d) : /		Wagin II	THE AMERICAN CONTRACTOR	AUTOPSY Z7. WAS CASE REFERRED	
	PART II OTHER SIGNIFICANT CON	DITIONS-Conditions contributing to death bu	it not resulting in the underlying	ng cause given in Part 1		
			i affici de la		ecify Yes or No) TO CORONER (Specify Yes	
	28a. ACC., SUICIDE, HOM., UNDET. 28b	DATE OF INJURY (Mo/Day/Yr) [28c, HOU	R OF INJURY 28d. DESCRIBE	HOW INJURY OCCURRED	256 V. /	
	OR PENDING INVEST. (Specify)	e jai Gieri'i kul	NA AY DW YY			
	OD- IN HIDY AT MORE (O)	. PLACE OF INJURY- At home, farm, street,	factory, office 28g. LOCATI	ON STREET OR R.F.D. No.	CITY OR TOWN STATE	
1 44 A		. PLACE OF INJURY- At nome, term, street, Iding, etc. (Specify)	IBOUTY, UNICE   ZOG. COCATT	Gir Giricol No. No.		
<u>, kai (#</u>		Pik arian		2:47 - Ame 19		
6	No was in the	राज सहारक्षा । विशेष स्थापन	STATE REGISTRAR			
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ő <b>E</b>	机工具模型 化二氯铂	在"髓"推进 田 區子				

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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:

SIGNATURE AUTHENTICATED 05/24/2012 This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



