

APN# 1220-25-510-018

Recording Requested by/Mail to:

Name: WILLIAM H. REAGAN

Address: 2625 BILLY'S RD.

City/State/Zip: MINDEN, NV 89423

Mail Tax Statements to:

Name: SAME AS ABOVE

Address: _____

City/State/Zip: _____



KAREN ELLISON, RECORDER

AFFIDAVIT TERMINATING JOINT TENANCY

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

Affidavit of Death - NRS 440.380(1)(A) & NRS 40.525(5)

Judgment - NRS 17.150(4)

Military Discharge - NRS 419.020(2)

Jeffrey Scott Reagan
Signature

JEFFREY SCOTT REAGAN
Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

AFFIDAVIT TERMINATING JOINT TENANCY

State of Nevada)
) ss.
County of DOUGLAS)

JEFFREY SCOTT REAGAN 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 the person named as 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.

Jeffrey Scott Reagan
(SIGNATURE)

Subscribed and sworn to before me this
3rd day of August, 2015
By JEFFREY SCOTT REAGAN

Jodi O. Stovall
Notary Public in and for said County and State
Douglas County

 JODI O. STOVALL
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 03-79473-5 - Expires August 3, 2016

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH

VITAL STATISTICS

CERTIFICATE OF DEATH

2012007981

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST, SUFFIX) Vera J REAGAN			2. DATE OF DEATH (Mo/Day/Year) May 13, 2012		3a. COUNTY OF DEATH Douglas						
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Gardnerville Health and Rehabilitation		3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient(Specify) Inpatient		4. SEX Female					
DECEDENT	5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 81		7b. UNDER 1 YEAR MOS. DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) October 11, 1930	
	9a. STATE OF BIRTH (If not U.S.A. name country) Nebraska			9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) William Henry REAGAN	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER ██████-2838			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker			14b. KIND OF BUSINESS OR INDUSTRY Own Home			Ever in US Armed Forces? No		
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 613 Stagecoach			15e. INSIDE CITY LIMITS (Specify Yes or No) No		
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) Eugene Howard KELLOGG					17. MOTHER/PARENT - NAME (First Middle Last Suffix) Hazel BENJAMIN						
	18a. INFORMANT- NAME (Type or Print) Jeffrey S REAGAN					18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 2625 Billys Rd. Minden, Nevada 89423						
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory				19c. LOCATION - City or Town State Carson City Nevada 89706				
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICK NOEL <i>SIGNATURE AUTHENTICATED</i>				20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop Carson City NV 89706					
TRADE CALL	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) JOSE ALFREDO AGUIRRE MD <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)					
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr) May 22, 2012			21c. HOUR OF DEATH 02:05			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)		
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jose Alfredo Aguirre MD 1600 Medical Parkway Carson City, NV 89703									23b. LICENSE NUMBER 11479		
	24a. REGISTRAR (Signature) MICHELE L. YOUNG <i>SIGNATURE AUTHENTICATED</i>					24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 23, 2012			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)											
	PART I											
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) Primary Biliary Cirrhosis										Interval between onset and death Years	
	(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	
PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.												
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

436621

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: 05/24/2012

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

R. D. White
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE