

APN# 1220-24-701-011

Recording Requested by:

Name: First American Title Insurance Company

Address: 1663 US Highway 395, Suite 101

City/State/Zip: Minden, NV 89423

Order Number: 143-2483893

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:

440.380
(State specific law)

Suzanne Cheechov Escrow Office
Signature Title

Suzanne Cheechov
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.: 1220-24-701-011
File No: 143-2483893 (SC)

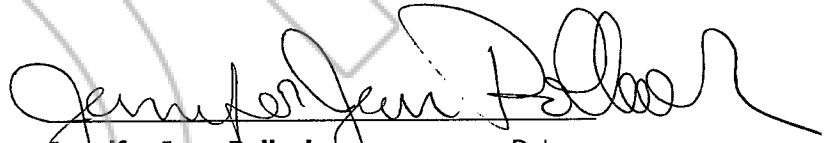
When Recorded return to, and mail Tax Statements to:
Jennifer Jean Pollack
1930 Palomino Lane
Gardnerville, Nevada 89410

AFFIDAVIT - TERMINATING JOINT TENANCY

Jennifer Jean Pollack, of legal age, being first duly sworn, deposes and says:

That **John Robert Lewis**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **John R. Lewis** named as one of the parties in that certain **Gratn, Bargain and Sale Deed** dated **10/7/2004** executed by **John R. Lewis to John R. Lewis and Jennifer Jean Pollack** as joint tenants, recorded as Document No. **0635065** on **01/24/2005** in Book **0105**, page **8017** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

PARCEL 1 AS SHOWN ON THE PARCEL MAP FOR H.B. AND M. LOUISE ROGERS, RECORDED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON MARCH 25, 1985, IN BOOK 385, PAGE 2283, AS DOCUMENT NO. 115207.

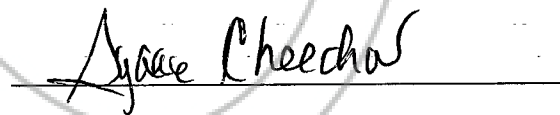

Jennifer Jean Pollack Date 8/11/2015

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

This instrument was acknowledged before me on this:

11th day of August, 2015

By: **Jennifer Jean Pollack**



Notary Public

(My commission expires: 5/14/2019)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2012009005
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) John Robert LEWIS		2. DATE OF DEATH (Mo/Day/Year) May 30, 2012		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 55		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 13, 1956		9a. STATE OF BIRTH (If not U.S.A., name country)		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION O		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Jenny POLLACK	
13. SOCIAL SECURITY NUMBER ██████-5262		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Unknown/not Classifiable		14b. KIND OF BUSINESS OR INDUSTRY Unknown/not Classifiable	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1930 Palomino Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16 FATHER/PARENT - NAME (First Middle Last Suffix) LEWIS	
17 MOTHER/PARENT - NAME (First Middle Last Suffix)		18a. INFORMANT- NAME (Type or Print) Jenny POLLACK-LEWIS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1930 Palomino Lane Gardnerville, Nevada 89410	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Donation / Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Funeral Services		19c. LOCATION City or Town State Las Vegas Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DUSTIN OLSON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 779		20c. NAME AND ADDRESS OF FACILITY La Paloma Reno 5301 Longley Lane Suite E-180 Reno NV 89511	
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) JUDD E ANDERS 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) June 06, 2012		21c. HOUR OF DEATH 05:47		22b. DATE SIGNED (Mo/Day/Yr)	
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) Judd E Anders UNSOM Brigham/316 Reno, NV 89557				23b. LICENSE NUMBER 13557	
24a. REGISTRAR (Signature), NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 08, 2012		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) Cardiopulmonary Failure Interval between onset and death					
(b) Glioblastoma Multiforme Interval between onset and death					
(c) Interval between onset and death					
(d) 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.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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

Information Corrected, State Affidavit# 57233, 08/02/2012 - 8

446210

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:

AUG 02 2012

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

Rd White
STATE REGISTRAR

VRS-Rev.20120523a

