



KAREN ELLISON, RECORDER

APN# 1320-02-001-078

Recording Requested by:  
Name: Stephen Jaramillo  
Address: 25 La Cruz Ave  
City/State/Zip: Benic IA, CA 94510  
Order Number: \_\_\_\_\_

Affidavit terminating  
(Title of Document) Joint tenants

(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 440380  
(State specific law)

R. Thomas ESQ  
Signature Title

R. Thomas  
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)

WHEN RECORDED MAIL TO:  
Stephen L. Jaramillo  
25 LA CRUZ AVE  
BONICA CA 94510

MAIL TAX STATEMENTS TO:

Same as above

The undersigned hereby affirms that this document submitted for recording includes a death certificate which contains a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

APN No.: 1320-02-001-078

### AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA } SS:  
COUNTY OF DOUGLAS

Stephen L. Jaramillo, of legal age and competent, to be a witness as to the matters stated herein, being duly sworn, deposes and says

That Louis Jaramillo the decedent mentioned in the attached copy of the Certificate of Death, is the same person as Louis Jaramillo named as one of the Grantees in that certain Deed from Louis Jaramillo, an unmarried man to Louis Jaramillo an unmarried man and Stephen L. Jaramillo, a single man as joint tenants recorded in Book 1005 Page 9941 as Instrument No. 0658478 on 10/21/05 of Official Records of Douglas County, Nevada, covering the following described property.

**SEE EXHIBIT "A" ATTACHED HERETO AND BY REFERENCE MADE A PART HEREOF**

Dated: August 31, 2015

MLM  
Stephen L. Jaramillo

STATE OF \_\_\_\_\_ } SS:  
COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_,  
by Stephen L. Jaramillo

\_\_\_\_\_  
NOTARY PUBLIC

SEE ATTACHED  
CALIFORNIA JURAT

**EXHIBIT A  
LEGAL DESCRIPTION**

Lot 15, as set forth on the final map of Mill Creek Estates, a Planned Unit Development, files for record in the office of the County Recorder of Douglas County, State of Nevada, on June 4, 1991, in Book 691, Page 337, As Document No. 252075

COPY

# CALIFORNIA JURAT CERTIFICATE

A notary or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of **CALIFORNIA**

County of **SOLANO**

Subscribed and sworn to (or affirmed) before me on this

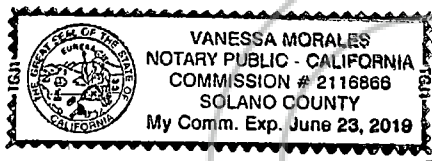
31<sup>st</sup> day of August, 2015, by  
Day Month Year

(1) Stephen L. Jaramillo  
Name of Signer

proved to me on the basis of satisfactory evidence to be the person who appeared before me (.) (,) (and

(2) \_\_\_\_\_  
Name of Signer

proved to me on the basis of satisfactory evidence to be the person who appeared before me.)



Place Notary Seal Above

Vanessa Morales  
Signature of Notary Public

## OPTIONAL

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document*

### Description of Attached Document

Title or Type of Document: Affidavit Terminating Joint Tenancy

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**

**CERTIFICATE OF DEATH**

2015008376

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) <b>Louis JARAMILLO</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 20, 2015</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street or <b>1521 Mill Creek way</b>		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE - White (Specify) <b>White</b>		6. Hispanic Origin? Specify Yes - SOUTH AMERICAN	
7a. AGE-Last birthday (Years) <b>80</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>June 18, 1934</b>		9a. STATE OF BIRTH (if not U.S.A.) <b>New York</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (Maiden name)	
13. SOCIAL SECURITY NUMBER <b>██████████ 5727</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Postal Worker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Mail</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>1521 Mill Creek way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Louis JARAMILLO</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Albertina FROHNMAIER</b>		
18a. INFORMANT - NAME (Type or Print) <b>Stephen L JARAMILLO</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>25 La Cruz Avenue Benicia, California 94510</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Sierra Crematory</b>		19c. LOCATION City or Town State <b>Reno Nevada 89503</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno 969 West Moana Lane Reno NV 89509</b>	
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) <b>J MCKONE</b>			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) <b>J MCKONE</b>		
21b. DATE SIGNED (Mo/Day/Yr) <b>May 14, 2015</b>		21c. HOUR OF DEATH <b>17:06</b>		22b. DATE SIGNED (Mo/Day/Yr) <b>May 14, 2015</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH <b>17:06</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>April 20, 2015</b>	
22e. PRONOUNCED DEAD AT (Hour) <b>17:06</b>		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>J MCKONE PO Box 218 Minden, NV 89423</b>			
23b. LICENSE NUMBER <b>301</b>				24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b>	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 19, 2015</b>		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) <b>Perforating Gunshot Wound Of The Chest At Home</b>					
(b) DUE TO, OR AS A CONSEQUENCE OF					
(c) DUE TO, OR AS A CONSEQUENCE OF					
(d) DUE TO, OR AS A CONSEQUENCE OF					
PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No)	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify) <b>Suicide</b>		28b. DATE OF INJURY (Mo/Day/Yr) <b>April 20, 2015</b>		28c. HOUR OF INJURY <b>1706</b>	
28d. DESCRIBE HOW INJURY OCCURRED <b>Self Inflicted Suicide. Perforating Gunshot Wound To The Chest.</b>					
28e. INJURY AT WORK (Specify Yes or No) <b>No</b>		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <b>Home</b>		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE <b>1521 Mill Creek Way, Gardnerville, NV Gardnerville Nevada</b>	

STATE REGISTRAR

578507

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:

5/19/2015

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

*Rod White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

