DOUGLAS COUNTY, NV

Rec \$16.00 Total \$16 00 ALBERT WALTON 2015-869550

09/14/2015 12:05 PM

Pgs=3

WHEN RECORDED MAIL TO Albert Walton 1220 Pleasantview Drive Gardnerville, NV 89460

MAIL TAX STATEMENTS TO Same as above

The undersigned hereby affirms that this document submitted for recording does not contain the social security number of any person or persons (Pursuant to NRS 239b 030)



KARENELLISON, RECORDER

APN No 1220-16-110-014

SPACE ABOVE FOR RECORDER'S USE

# AFFIDAVIT TERMINATING COMMUNITY PROPERTY WITH RIGHTS OF SURVIVORSHIP

STATE OF NEVADA **COUNTY OF DOUGLAS** 

SS:

Albert Walton, being first duly sworn, deposes and says that Affiant is over the age of 18 years and competent to be a witness as to the matters hereinafter stated

That Affiant is Albert Walton the person named as Albert Walton, one of the grantees in that certain deed from Albert Walton and Barbara Walton husband and wife to Albert Walton and Barbara Walton, husband and wife as community property with right of survivorship recorded in Book 0812, as Instrument No 0808088, of Official Records in the Office of the County Recorder of Douglas County, State of Nevada, covering the following described property

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

That Barbara Walton was one of the grantees named in said deed and was the identical person named as Barbara Jean Walton, the decedent, in that certain Death Certificate, a copy of which is annexed hereto and made a part hereof

Affiant Albert Walton

STATE OF NEVADA **COUNTY OF DOUGLAS** 

This instrument was acknowledged before me on September 14, 2015, by Albert Walton

RISHELE L. THOMPSON Notary Public - State of Neveda Appointment Recorded in Douglas County No: 99-54931-5 - Expires April 10, 2019

# EXHIBIT A LEGAL DESCRIPTION

Lot 6, in Block A, as show on on the Final Map of Pleaseantview Subdivision Phase I, filed on April 6, 1990, in Book 490, Page 916, Document No 223488, Official Records of Douglas County, Nevada





## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS** 

#### CERTIFICATE OF DEATH

2015014616

2			<b></b>			١,	STATE F	LE NUMBER	- '	,	
TYPE OR PRINT IN	1a DECEASED-NAME (FIRST,I	2 DATE OF DEATH (Mo/Day/Year) 3a COUNTY OF DEATH									
PERMANENT	Barbara Jean		WALTON			August 24, 2	Douglas				
BLACK INK	3b. CITY, TOWN, OR LOCATION OF DEATH 3c HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street an 3e if Hosp or Inst, indicate DOA, OP/Emer Rm. 4, SEX (Inpatient(Specify))										
DECEDENT	Gardnerville		1220 Pleasantview Dr \				Home		Femal		
DECEDENT	5 RACE White		6. Hispanic Origin? Specify 7a. AGE-Last I No - Non-Hispanic (Years)			75 UNDER 1 YEAR 70	UNDER 1 DAY		F BIRTH (Mo/Day/Yi	7)	
	(Specify)	,						January 06, 1931			
IF DEATH OCCURRED IN	9a STATE OF BIRTH (If not U S A., 9b. CITIZEN OF WHAT COUNTRY 10 EDUCATION 11. MARRIED, NEVER MARRIED, WIDOWED, 12 SURVIVING SPOUSE (Maiden na England Limited States 12 DIVORCED (SpecifyMarried Albert WA										
INSTITUTION SEE	England United States 12 DNORCED (SpecifyMarried Albert, W 13 SOCIAL SECURITY NUMBER 14a USUAL OCCUPATION (Give Kind of Work Done During Most of 14b KIND OF BUSINESS OR INDUSTRY Ever in US /										
REGARDING COMPLETION OF RESIDENCE	3910	n   14a 03	Telephone Operator			Telephone Company Forces? No					
RESIDENCE /		15b COUNTY	15c C/	TY, TOWN OR LO							
<u> </u>	Nevada	Doug	ılas	ille 12	1220 Pleasantview Dr Ves						
	16 FATHER/PARENT - NAME	(First Middle La	st Suffix)		17 MOTHER/	PARENT - NAME (First	Middle Last S	Guffix)			
PARENTS	Jack HAILES Eva										
	18a INFORMANT- NAME (Type or Print)  18b MAILING ADDRESS (Street or R F D No, City or Town, State, Zip)										
-	Albert WALTON 1220 Pleasantview Dr. Gardnerville, Nevada 89460										
SPOSITION	19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b CEMETERY OR CREMATORY - NAME  TION Walton's Sierra Crematory							19c LOCATION City or Town State Carson City Nevada 89706			
	20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) 20b FUNERAL DIRECTOF 20c. NAME AND ADDRESS OF FACILITY										
	CURT KOESTLER LICENSE NUMBER Walton's Funerals and Cremations										
	SIGNATURE AUTHENTICATED 823 1521 Church Street Gardnerville NV 89410										
RADE CALL											
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title)  SIGNATURE AUTHENTICATED  NITA SCHWARTZ M.D.  21b DATE SIGNED (Mo/Day/Yr)  August 27, 2015  21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)  22a. On the bests 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)  22b DATE SIGNED (Mo/Day/Yr)  22c HOUR OF DEATH										
` `	to the cause(s) stated (Signature & Title)  NITA SCHWARTZ M.D.  21b DATE SIGNED (Mo/Day/Yr)  21c HOUR OF DEATH  19:30  22b DATE SIGNED (Mo/Day/Yr)  22c HOUR OF DEATH								F 4 77 1		
CERTIFIER	21b DATE SIGNED (Mo	487	21c. HOUR OF DEATH			TE SIGNED (Mo/Day/Yr)	220	2¢ HOUR OF DEATH			
			100			8 22d PRONOUNCED DEAD (Mo/Day/Yr)			22e PRONOUNCED DEAD AT (Hour)		
i i	은 등 (Type or Print)										
,	23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type of Print)  23b LICENSE NUMBER  23c NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type of Print)  23c NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type of Print)  23d LICENSE NUMBER  9114										
	24a REGISTRAR (Signature)				24b DATE RECEN	/ED BY REGISTRAR	24c DEATH	DUE TO COM	MUNICABLE DISEA	SE	
REGISTRAR	2-id (Colo i i da (olgi didio)		LYNN A BOYA URE AUTHENTICAT		(14-(D-, 06)	ugust 27, 2015	YE	<b></b>	NO X		
CAUSE OF	25 IMMEDIATE CAUSE	(ENTER ONLY	Y ONE CAUSE PER LIN		ND (c) )	_ <del>-</del>		interval be	tween onset and de	ath	
DEATH	PARTI (a) Coronary	Atheroscl	lerosis		<i>y</i>			!			
	DUE TO, OR A	AS A CONSEQUE	INÇE OF,					interval be	etween onset and de	ath	
CONDITIONS IF	<u>(b)</u>		<u> </u>					1	<del> </del>		
GAVE RISE TO IMMEDIATE	DUE TO, OR	AS A CONSEQU	ENCE OF		/ , /	,		interval be	etween onset and de	ath	
CAUSE STATING THE UNDERLYING	(c)	AS A CONSEQUE	ENCE OF	<del></del>	//			i Interval be	etween onset and de	eath	
CAUSE LAST											
/ /	(d) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1  26 AUTOPSY (Specific 27 WAS CASE REFERRED TO CORONER										
	Yes or No) No (Specify Yes or No) Yes										
	28a ACC , SUICIDE HOM., UNDET OR PENDING INVEST (Specify)	286 DATE OF IN	UURY (Mo/Day/Yr)	28c, HOUR OF INJ	JRY 28d DESCRIB	E HOW INJURY OCCURRED			<del>''</del>		
	UK PENDING INVEST (Specify)		. 6		L						
<b>  \ \</b>	28e INJURY AT WORK (Specify 28f, PLACE OF INJURY- At home, farm, street, factory, office 28g LOCATION STREET OR R F D No CITY OR TOWN STA									Έ	
ω 🏣	Yes or No)	building, etc (	apecny)								
# % <b>=</b>	T		7 7	STAT	E REGISTRAR	<del></del>	<del></del>			_	

-VRS-Rev-201205238

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CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placad on file in the office of the State Registrar and Vital Records

DATE ISSUED

9/1/2015
This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar

