

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)



00022178201508695500030031

KAREN ELLISON, RECORDER

APN No 1220-10-110-014

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

Albert Walton

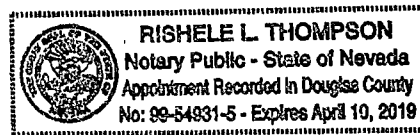
Affiant Albert Walton

STATE OF NEVADA
COUNTY OF DOUGLAS

} SS:

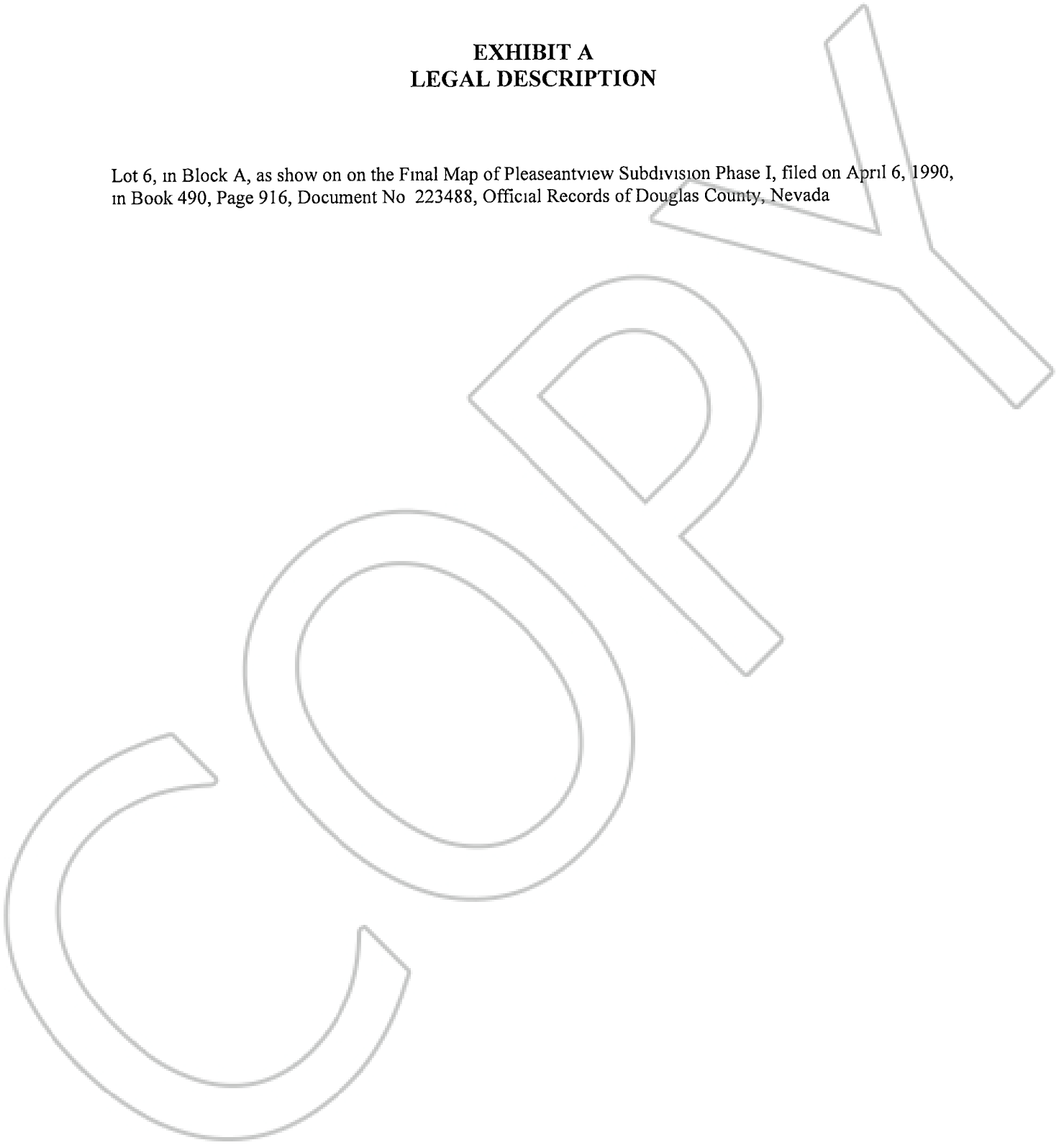
This instrument was acknowledged before me on September 14, 2015 , by Albert Walton

Rishele L Thompson
NOTARY PUBLIC



**EXHIBIT A
LEGAL DESCRIPTION**

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



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2015014616

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

Form containing fields for: 1a DECEASED-NAME, 2 DATE OF DEATH, 3a COUNTY OF DEATH, 3b CITY, TOWN, OR LOCATION OF DEATH, 3c HOSPITAL OR OTHER INSTITUTION, 3e If Hosp or Inst, indicate DOA, OP/ Emer Rm., 4 SEX, 5 RACE, 6. Hispanic Origin? Specify, 7a AGE-Last birthday, 7b UNDER 1 YEAR, 7c UNDER 1 DAY, 8 DATE OF BIRTH, 9a STATE OF BIRTH, 9b. CITIZEN OF WHAT COUNTRY, 10 EDUCATION, 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, 12 SURVIVING SPOUSE, 13 SOCIAL SECURITY NUMBER, 14a USUAL OCCUPATION, 14b KIND OF BUSINESS OR INDUSTRY, 15a RESIDENCE - STATE, 15b COUNTY, 15c CITY, TOWN OR LOCATION, 15d STREET AND NUMBER, 15e INSIDE CITY LIMITS, 16 FATHER/PARENT - NAME, 17 MOTHER/PARENT - NAME, 18a INFORMANT - NAME, 18b MAILING ADDRESS, 19a BURIAL, CREMATION, OTHER, 19b CEMETERY OR CREMATORY - NAME, 19c LOCATION, 20a FUNERAL DIRECTOR - SIGNATURE, 20b FUNERAL DIRECTOR LICENSE NUMBER, 20c. NAME AND ADDRESS OF FACILITY, 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated, 21b DATE SIGNED, 21c. HOUR OF DEATH, 21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER, 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, 22b DATE SIGNED, 22c HOUR OF DEATH, 22d PRONOUNCED DEAD, 22e PRONOUNCED DEAD AT, 23a NAME AND ADDRESS OF CERTIFIER, 23b LICENSE NUMBER, 24a REGISTRAR, 24b DATE RECEIVED BY REGISTRAR, 24c DEATH DUE TO COMMUNICABLE DISEASE, 25 IMMEDIATE CAUSE, 26 AUTOPSY, 27 WAS CASE REFERRED TO CORONER, 28a ACC, SUICIDE HOM., UNDET OR PENDING INVEST, 28b DATE OF INJURY, 28c. HOUR OF INJURY, 28d DESCRIBE HOW INJURY OCCURRED, 28e INJURY AT WORK, 28f. PLACE OF INJURY, 28g LOCATION

STATE REGISTRAR

3849436

594241

CERTIFIED COPY OF VITAL RECORDS

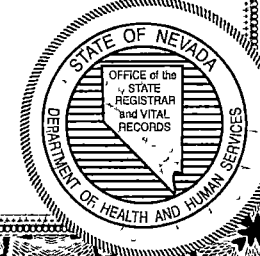
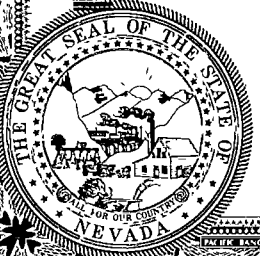
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records

DATE ISSUED

9/1/2015

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

STATE REGISTRAR SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VR9-Rev-20120523a