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KAREN ELLISON, RECORDER

APN 1319-19-612-006

APN

APN

FOR RECORDER'S USE ONLY

Affidavit of Termination of Joint Tenancy (Death of Joint Tenant)

TITLE OF DOCUMENT

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain personal information of any person or persons. (NRS 239B.030)

I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain personal information of a person or persons as required by law. State specific law: NRS 440.380 (1)(A) & NRS 40.525(5)

Signature

Steve Handelin, Esq, Attorney for Colleen Porter
Print Name & Title

WHEN RECORDED MAIL TO:

Handelin Law & Associates

1049 S. Carson Street

Carson City, NV 89701

**APN: 1319-19-612-006**

**WHEN RECORDED MAIL TO:**

Handelin Law, LTD.  
Steven P. Handelin, Esq.  
PO Box 4568  
Carson City, NV 89702

**MAIL TAX NOTICES TO:**

Colleen Porter  
3601 Neyrey Drive  
Matairie, LA 70002

**AFFIDAVIT OF TERMINATION OF JOINT TENANCY  
(Death of Joint Tenant)**

Colleen Porter, being of legal age and being first duly sworn, deposes and says:

Affiant was the joint tenant with Decedent, up to and until her death.

Betty Breaux died on the 22<sup>nd</sup> day of June, 2015, in Metairie, Louisiana.

Betty Breaux, the decedent mentioned in the certified copy of Certificate of Death, with the Social Security number redacted, attached hereto as Exhibit A, is named as one of the parties in that certain Grant Deed, dated the 17th day of March, 1994, executed by Betty Breaux to Colleen Porter holding title as joint tenants, recorded as Instrument No. 0337687 on the 17th day of May, 1994, in Book 5, Page 2886 of the Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada, more particularly described as follows:

Parcel 1:

Unit 6B, as shown on the map and Dedication Sheet of TRAMWAY APARTMENT CONDOMINIUMS (a subdivision of Lot 555, Parcel B, Second Amended Map of Summit Village), Recorded in the office of the County Recorder of Douglas County, State of Nevada, on May 30, 1973, Document No. 73375, Official Records of Douglas County, State of Nevada, and amended by Amended Map (Continued)

Together will all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and any reversions remainders, rents, issues or profits thereof.

Parcel 2:

An undivided 1/24 interest in all of the "Common Area" as shown on the map and Dedication Sheet of Tramway Apartment Condominiums (a subdivision of Lot 555, Parcel B, Second Amended Map of Summit Village), Recorded in the office of the County Recorder of Douglas County, Nevada, on May 30, 1973, Document No. 73375, Douglas County, Nevada, and amended by Amended Map Recorded in the office of the County Recorder of Douglas County, Nevada, on December 30, 1976, as Document No. 05855, Douglas County, Nevada.

Per NRS 111.312, this legal description was previously recorded at Document No. 0337687, Book No. 5, Pages 2886-2887, on the 17<sup>th</sup> day of May, 1994.

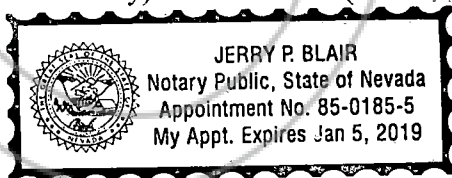
Pursuant to NRS 239B.030(4), I affirm that this instrument does not contain the social security number of any person, in that the social security number has been redacted from the Death Certificate.

IN WITNESS WHEREOF, I have hereunto set my hand this 16 day of October, 2015.

Colleen Porter  
COLLEEN PORTER

NEVADA 9MB  
STATE OF LOUISIANA )  
:SS  
COUNTY OF DOUGLAS )

On this 16 day of OCTOBER, 2015, before me personally appeared COLLEEN PORTER, to me known to be the person (or persons) described in and who executed the foregoing instrument, and acknowledged that (he/she/they) executed it as (his/her/their) free act and deed.



Jerry P Blair  
Notary Public

Print Name: JERRY P. BLAIR

My commission expires: 01/05/2019

COPY

Exhibit A

# STATE OF LOUISIANA

## CERTIFICATION OF VITAL RECORD

### CERTIFICATION OF DEATH

BIRTH NUMBER:

STATE FILE NUMBER: 2015-020-00142

<b>DECEDENT</b>	DECEDENT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX) BREAUX, BETTY ELAINE		DATE OF BIRTH 01/30/1924	DATE OF DEATH 06/22/2015	TIME OF DEATH 11:50 PM (APPROX.)
	PLACE OF BIRTH - (CITY, STATE, COUNTRY) NEW ORLEANS, LA UNITED STATES		SEX FEMALE	SOCIAL SECURITY NUMBER 6458	AGE 91 YEARS
	DECEDENT'S ALIAS NAME(S) - (LAST, FIRST, MIDDLE, SUFFIX)				
	RESIDENCE OF DECEDENT - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) 3601 NEYREY DR., METAIRIE, LA 70002 UNITED STATES			WITHIN CITY LIMITS? NO	PARISH/COUNTY JEFFERSON
<b>PERSONAL</b>	EVER IN U.S. ARMED FORCES? YES		OCCUPATION BUSINESS OWNER	INDUSTRY OF OCCUPATION RESTAURANT/GAMING	
	MARITAL STATUS NEVER MARRIED			NAME OF SURVIVING SPOUSE (LAST, FIRST, MIDDLE, SUFFIX)	
	FATHER'S NAME - (LAST, FIRST, MIDDLE, SUFFIX) BREAUX, ANTHONY		FATHER'S PLACE OF BIRTH - (CITY, STATE, COUNTRY) NEW ORLEANS, LA UNITED STATES		
	MOTHER'S NAME - (LAST, FIRST, MIDDLE, SUFFIX) VORT, ESTHER		MOTHER'S PLACE OF BIRTH - (CITY, STATE, COUNTRY) CHATANOOGA, TN UNITED STATES		
	INFORMANT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX) PORTER, COLLEEN CECILE		RELATIONSHIP TO DECEDENT COMPANION	INFORMANT'S ADDRESS 3601 NEYREY DR., METAIRIE, LA 70002 UNITED STATES	
	EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE				
	OF HISPANIC ORIGIN? NO, NOT SPANISH/HISPANIC/LATINO				
	RACE: WHITE				
<b>DEATH INFO</b>	PLACE OF DEATH INPATIENT		FACILITY NAME EAST JEFFERSON GENERAL HOSPITAL		
	FACILITY ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) 4200 HOUMA BLVD., METAIRIE, LA 700062996 UNITED STATES			PARISH/COUNTY JEFFERSON	
<b>DISPOSITION</b>	METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION METAIRIE CREMATORY		DATE OF DISPOSITION 06/30/2015
<b>FUNERAL FACILITY</b>	FUNERAL FACILITY NAME LAKE LAWN METAIRIE FUNERAL HOME		ADDRESS OF FUNERAL FACILITY 5100 PONTCHARTRAIN BLVD., NEW ORLEANS, LA 70124 UNITED STATES		
	NAME OF FUNERAL DIRECTOR (LAST, FIRST, MIDDLE, SUFFIX) EDSALL, CLAIRE		LICENSE NUMBER E2715	CORONER NOTIFIED? N	
	SIGNATURE OF FUNERAL DIRECTOR *e-sign*		DATE 6/29/2015		
<b>MEDICAL INFO</b>	MANNER OF DEATH IF FEMALE?		NATURAL NOT APPLICABLE		
	DID TOBACCO USAGE CONTRIBUTE TO DEATH?		UNKNOWN		
<b>CAUSE OF DEATH</b>	PART I: Enter the chain of events - diseases, injuries, or complications -- that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.				APPROXIMATE INTERVAL Onset to Death
	IMMEDIATE CAUSE - (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a.		a. CARDIAC ARREST		1 HOURS
	Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.		b. EMPYEMA		25 DAYS
			c. ADVANCED AGE		91 YEARS
			d. ATRIAL FIBRILLATION		25 DAYS
	PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				
	WAS AN AUTOPSY PERFORMED? NO		FINDINGS USED IN DETERMINING CAUSE? NOT APPLICABLE		
<b>INJURY INFORMATION</b>	PLACE OF INJURY	DATE OF INJURY	TIME OF INJURY	INJURY AT WORK	IF TRANSPORTATION INJURY, SPECIFY
	LOCATION OF INJURY - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)				PARISH/COUNTY
	DESCRIBE HOW INJURY OCCURRED				
<b>CERTIFIER</b>	I CERTIFY THAT I ATTENDED THE DECEDENT FROM 5/28/2015 TO 6/22/2015 AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED AND DUE TO THE CAUSE(S) AND MANNER STATED.				
	SIGNATURE OF CERTIFIER: *e-sign*		DATE		6/26/2015
	CERTIFIER NAME - (LAST, FIRST, MIDDLE, SUFFIX) MOHARE, KUNTAL P				
	CERTIFIER TITLE: CERTIFYING PHYSICIAN				
	CERTIFIER ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) 4200 HOUMA BLVD., METAIRIE, LA 70008 UNITED STATES				
	BURIAL TRANSIT PERMIT 133150	PARISH OF ISSUE ORLEANS	DATE OF ISSUE 06/23/2015	DATE FILED WITH REGISTRAR 6/29/2015	
<b>REGISTRAR</b>	SIGNATURE OF REGISTRAR DEVIN GEORGE *e-sign*				

\* 0 0 4 4 7 5 6 9 8 \*

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF THE STATE OF LOUISIANA, PURSUANT TO RSA - R.S.40:32 ET SEQ

Devin George  
STATE REGISTRAR



A REPRODUCTION OF THIS DOCUMENT IS VOID AND INVALID. DO NOT ACCEPT.

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