

APN# 1419-01-701-024

Recording Requested by:

Name: First American Title Insurance Company

Address: 1663 US Highway 395, Suite 101

City/State/Zip: Minden, NV 89423

Order Number: 143-2495608

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:

239B.030

(State specific law)

Suzanne Cheechal ESCROW OFFICER

Signature

Title

SUZANNE CHEECHAL

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.: 1419-01-701-024
File No: 143-2495608 (SC)

When Recorded return to, and mail Tax Statements to:
Alissa A. Burns
3661 Cherokee Drive
Carson City, Nevada 89705

AFFIDAVIT - TERMINATING JOINT TENANCY

Alissa A. Burns, personal Representative of the Estate of Naomi M. Bush, deceased, of legal age, being first duly sworn, deposes and says:

That **Robert Alden Bush**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Robert A. Bush** named as one of the parties in that certain **Deed of Trust with Assignment of Rents** dated **October 13, 2014** executed by **Paul R. Burns and Alissa A. Burns to Robert A. Bush and Naomi M. Bush, husband and wife**, as joint tenants, recorded as Document No. **2014-851820** on **October 29, 2014** in Book **none** of Official Records of **Douglas** County, **Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

See attached Exhibit "A"

Alissa A. Burns 1/25/16
Alissa A. Burns, personal representative Date

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

This instrument was acknowledged before me on this:
25th day of Jan, ~~2015~~ 2016

By: **Alissa A. Burns**
Suzanne Cheechov
Notary Public
(My commission expires: 5/12/2019)



EXHIBIT 'A'

BEING A PORTION OF THE EAST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 1, TOWNSHIP 14 NORTH, RANGE 19 EAST, M.D.B.&M., FURTHER DESCRIBED AS FOLLOWS:

PARCEL C, AS SHOWN ON PARCEL MAP FOR SAMUEL P. & GENEVIEVE R. KLOBAS, FILED FOR RECORD DECEMBER 2, 1974, IN BOOK 1274, AT PAGE 3, AS DOCUMENT NO. 76700, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF 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

2015006097
 STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Robert Aiden BUSH		2. DATE OF DEATH (Mo/Day/Year) April 07, 2015		3a. COUNTY OF DEATH Douglas		
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and No.) 3661 Cherokee Drive		3d. Sex (Specify) Male		
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 89		
	7b. UNDER 1 YEAR MOS. DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) April 17, 1925		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A.) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Naomi CLUSTER				
PARENTS	13. SOCIAL SECURITY NUMBER [REDACTED]-7626		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Route Salesman		14b. KIND OF BUSINESS OR INDUSTRY Bread		
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Carson City		
TRADE CALL	15d. STREET AND NUMBER 3661 Cherokee Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No				
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Henry W BUSH			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Abby J HART			
DISPOSITION	18a. INFORMANT - NAME (Type or Print) Alissa A BURNS		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 3661 Cherokee Drive Carson City, Nevada 89705				
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION - City or Town - State Sparks Nevada 89431		
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701		
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) STEVEN LEE ELLIOTT M.D. SIGNATURE AUTHENTICATED						
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) April 13, 2015		21c. HOUR OF DEATH 08:34		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)		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		
CAUSE OF DEATH	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) Steven Lee Elliott M.D. 1200 N. Mountain Street Carson City, NV 89703				23b. LICENSE NUMBER 10151		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 14, 2015		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).)						
STATE REGISTRAR	PART I (a) Cardiovascular Disease		Interval between onset and death				
	(b) Arrhythmia		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 I.				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

575441

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:

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

STATE REGISTRAR

R. D. White
 SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

