

Assessor's Parcel Number: 1220-16-101-016



KAREN ELLISON, RECORDER

Recording Requested by:

✓ Nancy Rey Jackson, Ltd.  
1591 Mono Avenue  
Minden, NV 89423

Grantee's Address is &  
Mail Tax Statements to:

Herman John Kuhl  
1252 Sorensen Lane  
Gardnerville, NV 89460

\_\_\_\_\_ I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

NRJ I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law.

(State specific law):

**NRS 440.090 Requisites of certificates.**

**NRS 440.380(1)(a) Medical certificate of death: Signature; contents**

**NRS 40.525(5) Death certificate attached to affidavit**

Signature Nancy Rey Jackson Attorney for Grantee  
Nancy Rey Jackson

**AFFIDAVIT OF TERMINATION OF JOINT TENANCY**

STATE OF NEVADA )  
) ss.  
COUNTY OF DOUGLAS )

HERMAN JOHN KUHL, JR., of legal age, being duly sworn, deposes and says:

1. That VIRGINIA L. KUHL, the decedent mentioned in the attached certified copy of certificate of death, was, until her death, and is the same person as VIRGINIA L. KUHL, named as one of the parties in that certain deed by and between HERMAN JOHN KUHL, JR. and VIRGINIA L. KUHL, husband and wife, as joint tenants with rights of survivorship, concerning the real property situate in the situate in Douglas County, Nevada, at 1252 Sorensen Lane, Gardnerville, Nevada, more particularly described as follows:

PARCELS OF LAND LOCATED IN THE NORTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 16, TOWNSHIP 12 NORTH, RANGE 20 EAST, M.D.B.& M., DESCRIBED AS FOLLOWS:

PARCELS 1-A, AS SET FORTH IN THAT CERTAIN PARCEL MAP RECORDED IN THE OFFICE OF THE COUNTY RECORDER ON APRIL 30, 1992, AS DOCUMENT NO. 277597, OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA.

APN:1220-16-101-016

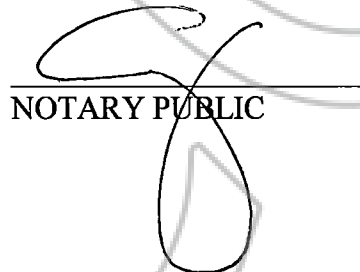
2. Tenancy was established by way of that certain Joint Tenancy Deed recorded in the office of the County Recorder of Douglas County, Nevada, on December 30, 1992, as Document No. 296382, Book 1292, Page 5058.

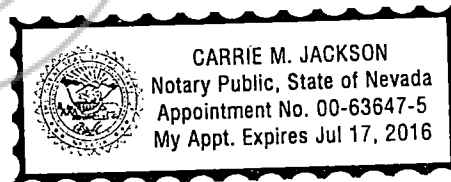
3. That this affidavit is executed and recorded for the purposes of terminating the interest of said VIRGINIA L. KUHL in and to the hereinabove-described real property.

Dated this 9<sup>th</sup> day of February, 2016.

  
HERMAN JOHN KUHL, JR.

On this 9<sup>th</sup> day of February, 2016, personally appeared before me, a Notary Public, HERMAN JOHN KUHL, JR., personally known or proved to me to be the person whose name is subscribed to the above instrument and who acknowledged that he executed the above instrument.

  
NOTARY PUBLIC



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

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

2015018340  
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>Virginia Lou KUHL</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 23, 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 and No. if Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Carson Valley Senior Living Residential Care Facility</b>		4. SEX <b>Female</b>	
6. RACE <b>White</b> (Specify)		8. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>77</b>	
9a. STATE OF BIRTH (If not U.S.A., <b>Minnesota</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (Maiden name) <b>Herman John KUHL JR</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>April 15, 1938</b>	
13. SOCIAL SECURITY NUMBER <b>3234</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Legal Secretary</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Law</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>1252 Sorensen Ln</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Richard CROSBY</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Margaret MATHESON</b>		
18a. INFORMANT - NAME (Type or Print) <b>Herman John KUHL JR</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1252 Sorensen Ln, Gardnerville, Nevada 89460</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Crementation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N Gardnerville NV 89410</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>STEVEN L. PHILLIPS M.D.</b> SIGNATURE AUTHENTICATED			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)		
21b. DATE SIGNED (Mo/Day/Yr) <b>October 26, 2015</b>		21c. HOUR OF DEATH <b>01:23</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH
22e. PRONOUNCED DEAD AT (Hour)					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Steven L Phillips M.D. 5250 Neil Rd Ste #207 Reno, NV 89502</b>				23b. LICENSE NUMBER <b>6596</b>	
24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 27, 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				Interval between onset and death	
(a) <b>Cardiac Arrest</b>				<b>Minutes</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Atherosclerotic Heart Disease</b>				<b>Years</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Hypertension</b>				<b>Years</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Dementia</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
28a. ACC., SUICIDE, HON., 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

3859537

602045

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: 11/5/2015

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

*R. J. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

