

APN# 1420-33-310-023

Recording Requested by:  
Name: TICOR TITLE

Address: 1483 Hwy 395, #B

City/State/Zip: Gardnerville, NV 89410

Order Number: 1600527-RT

Affidavit/Death Joint Tenant (for Recorder's use only)  
(Title of Document)

**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: NRS 440330  
(State specific law)

R. Thompson                      Recorder  
Signature                                      Title

R Thompson  
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)

WHEN RECORDED MAIL TO:

**Shirley Depuy**

5085 Rodeo Drive  
Antelope, CA 94531

The undersigned hereby affirms that this document submitted for recording includes a death certificate which may contain a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 1600527-RLT  
APN No.: 1420-33-310-023

### AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA  
COUNTY OF DOUGLAS

} SS:

Shirley Depuy, of legal age and competent, to be a witness as to the matters stated herein, being duly sworn, deposes and says

That Philip Depuy the decedent mentioned in the attached copy of the Certificate of Death, is the same person as Philip Depuy named as one of the Grantees in that certain Deed from Philip J. Depuy and **Shirley A. Depuy** to Philip Depuy & **Shirley A. Depuy** recorded in Book 0507 as Instrument No. 701528, on 5-21-07 of Official Records of Douglas County, Nevada, covering the following described property.

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

Dated: February 25, 2016

Shirley A. Depuy  
Shirley Depuy

STATE OF  
COUNTY OF

} SS:

This instrument was acknowledged before me on \_\_\_\_\_  
by \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

see enclosed  
acknowledgement  
py

Escrow No.01600527 RLT

**EXHIBIT A  
LEGAL DESCRIPTION**

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 228 in Block E, as set forth on FINAL MAP OF WILDHORSE UNIT 5, a Planned Unit Development filed for record in the office of the County Recorder of Douglas County, State of Nevada on January 27, 1993, in Book 193, Page 3866 as Document No. 298258 of Official Records of Douglas County, Nevada.

APN: 1420-33-310-023



# California All-Purpose Certificate of Acknowledgment

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Contra Costa } s.s.

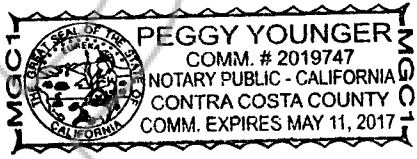
On 3/2/16 before me, Peggy Younger, Notary Public  
Name of Notary Public, Title

personally appeared Shirley Deppuy  
Name of Signer (1)

Name of Signer (2)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.



WITNESS my hand and official seal.  
Peggy Younger  
Signature of Notary Public

**OPTIONAL INFORMATION**

*Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this acknowledgment to an unauthorized document and may prove useful to persons relying on the attached document.*

**Description of Attached Document**

The preceding Certificate of Acknowledgment is attached to a document titled/for the purpose of \_\_\_\_\_  
 containing \_\_\_\_\_ pages, and dated \_\_\_\_\_.

- The signer(s) capacity or authority is/are as:
- Individual(s)
  - Attorney-in-fact
  - Corporate Officer(s) \_\_\_\_\_  
Titles:
  - Guardian/Conservator
  - Partner - Limited/General
  - Trustee(s)
  - Other: \_\_\_\_\_

representing: \_\_\_\_\_  
Name(s) of Person(s) or Entity(ies) Signer is Representing

| Additional Information                              |   |
|---|---|
| <b>Method of Signer Identification</b>              |   |
| Proved to me on the basis of satisfactory evidence: |   |
| <input type="checkbox"/> form(s) of identification  | <input type="checkbox"/> credible witness(es)     |
| Notarial event is detailed in notary journal on:    |   |
| Page # _____  | Entry # _____                                     |
| Notary contact: _____                               |   |
| Other   |   |
| <input type="checkbox"/> Additional Signer          | <input type="checkbox"/> Signer(s) Thumbprints(s) |
| <input type="checkbox"/> _____                      |   |

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

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

2015013633  
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)<br><b>Philip John DEPUY</b>  |  | 2. DATE OF DEATH (Mo/Day/Year)<br><b>August 06, 2015</b>   |  | 3a. COUNTY OF DEATH<br><b>Douglas</b>   |  |
| 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Minden</b>  |  | 3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or apt. No. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify)<br><b>2655 Wildhorse Lane Home</b> |  | 4. SEX<br><b>Male</b>   |  |
| 5. RACE White (Specify)  |  | 6. Hispanic Origin? Specify No - Non-Hispanic  |  | 7a. AGE-Last birthday (Years)<br><b>76</b>  |  |
| 9a. STATE OF BIRTH (If not U.S.A.)<br><b>California</b>  |  | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>  |  | 10. EDUCATION<br><b>13</b>  |  |
| 13. SOCIAL SECURITY NUMBER<br><b>7139</b>  |  | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)  |  | 14b. KIND OF BUSINESS OR INDUSTRY<br><b>Manufacturing</b>   |  |
| 15a. RESIDENCE - STATE<br><b>Nevada</b>  |  | 15b. COUNTY<br><b>Douglas</b>  |  | 15c. CITY, TOWN OR LOCATION<br><b>Minden</b>  |  |
| 15d. STREET AND NUMBER<br><b>2655 Wildhorse Lane</b>   |  | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br><b>No</b>   |  | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married   |  |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>Marvin DEPUY</b>   |  | 17. MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Phyllis CRONIN</b>   |  | 12. SURVIVING SPOUSE (Maiden name)<br><b>Shirley MORESI</b>   |  |
| 18a. INFORMANT - NAME (Type or Print)<br><b>Shirley DEPUY</b>  |  | 18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip)<br><b>2655 Wildhorse Lane Minden, Nevada 89423</b>  |  |   |  |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Cremation</b>   |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>Walton's Sierra Crematory</b>  |  | 19c. LOCATION City or Town State<br><b>Carson City Nevada 89706</b>   |  |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>CURT KOBSTLER</b><br>SIGNATURE AUTHENTICATED  |  | 20b. FUNERAL DIRECTOR LICENSE NUMBER<br><b>823</b>   |  | 20c. NAME AND ADDRESS OF FACILITY<br><b>Capitol City Memorial Cremation and Burial Society</b><br><b>1614 N Curry Street Carson City NV 89703</b>                   |  |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)<br><b>NITA SCHWARTZ M.D.</b><br>SIGNATURE AUTHENTICATED   |  |  |  |   |  |
| 21b. DATE SIGNED (Mo/Day/Yr)<br><b>August 12, 2015</b>   |  | 21c. HOUR OF DEATH<br><b>13:24</b>   |  | 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  |  |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)<br><b>Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703</b> |  | 23b. LICENSE NUMBER<br><b>9114</b>   |  | 22d. PRONOUNCED DEAD (Mo/Day/Yr)  |  |
| 24a. REGISTRAR (Signature)<br><b>SHERRIE A CONNELL</b><br>SIGNATURE AUTHENTICATED  |  | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>August 12, 2015</b>  |  | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br>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   |  |  |  |   |  |
| (a) <b>Intractable Osteomyelitis</b> Interval between onset and death  |  |  |  |   |  |
| DUE TO, OR AS A CONSEQUENCE OF:  |  |  |  |   |  |
| (b) <b>Peripheral Vascular Disease</b> Interval between onset and death  |  |  |  |   |  |
| DUE TO, OR AS A CONSEQUENCE OF:  |  |  |  |   |  |
| (c) Interval between onset and death   |  |  |  |   |  |
| DUE TO, OR AS A CONSEQUENCE OF:  |  |  |  |   |  |
| (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 1.   |  |  |  | 26. AUTOPSY (Specify Yes or No)<br><b>No</b>  |  |
| 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

3846662

091939

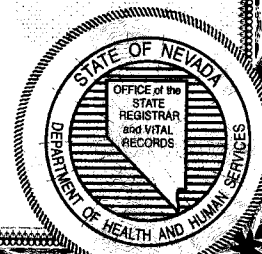
**CERTIFIED COPY OF VITAL RECORDS**

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: **8/17/2015**

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