

APN# 1022-15-001-131

Recording Requested by:

Name: TICOR Title

Address: 1483 US Hwy 395 # B

City/State/Zip: Gardnerville, NV 89410

Order Number: 1601522 (RT)

Affidavit of Death / Joint Tenant
(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:

NRS 440380
(State specific law)

R. Thoma Recorder
Signature Title

R. Thoma
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:

Steven P. Heath
1473 Sandstone Drive
Wellington, NV 89444

MAIL TAX STATEMENTS TO:

Same as Above

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. 1601522-RLT
APN No.: 1022-15-001-131

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA
COUNTY OF DOUGLAS

} SS:

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

That Cynthia E. Brown the decedent mentioned in the attached copy of the Certificate of Death, is the same person as Quit Claim Deed named as one of the Grantees in that certain Deed from Cynthia E. Brown to Cynthia E. Brown a widow and Steven P. Heath and Regina R. Heath, husband and wife as joint tenant recorded in Book 0512 as Instrument No. 0802180, on 5-10-12 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: April 7, 2016

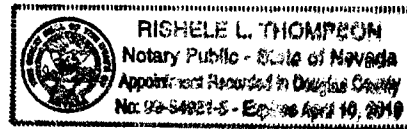

Regina R. Heath

STATE OF NEVADA
COUNTY OF DOUGLAS

} SS:

This instrument was acknowledged before me on 4/8/16,
by Regina R. Heath


NOTARY PUBLIC



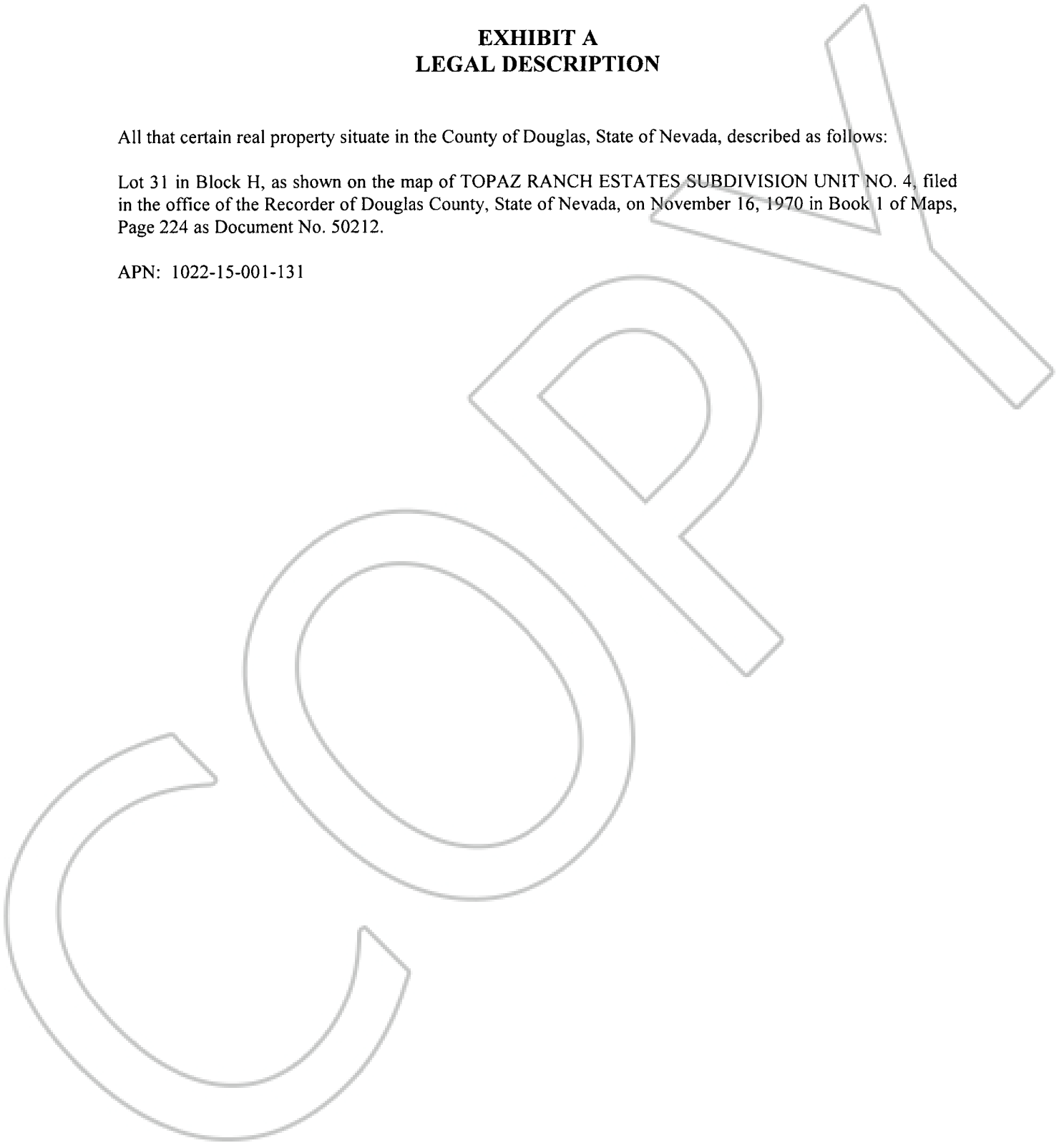
Escrow No.01601522 RLT

**EXHIBIT A
LEGAL DESCRIPTION**

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

Lot 31 in Block H, as shown on the map of TOPAZ RANCH ESTATES SUBDIVISION UNIT NO. 4, filed in the office of the Recorder of Douglas County, State of Nevada, on November 16, 1970 in Book 1 of Maps, Page 224 as Document No. 50212.

APN: 1022-15-001-131



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

CASE FILE NO. 3754416

2014001210

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) Cynthia BROWN		2. DATE OF DEATH (Mo/Day/Year) January 25, 2014		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Henderson		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) 2186 Indigo Creek		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Residence	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 75		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 08, 1938		9a. STATE OF BIRTH (if not US/CA, name country) Nebraska		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 10		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER ██████-1609		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
15d. STREET AND NUMBER 1235 Silver Perch Avenue		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Jesse TALLMAGE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Laura JUDY		
18a. INFORMANT- NAME (Type or Print) Trisha MILTON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1235 Silver Perch Avenue Las Vegas, Nevada 89123			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Paradise Valley Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89119	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) ALLEN KOPP SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 772		20c. NAME AND ADDRESS OF FACILITY Davis Funeral Home and Memorial Park 6200 S Eastern Las Vegas NV 89119	
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) ALANE OLSON M.D. 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) ALANE OLSON M.D. SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) January 30, 2014		21c. HOUR OF DEATH 18:40		22b. DATE SIGNED (Mo/Day/Yr) January 30, 2014	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 18:40		22d. PRONOUNCED DEAD (Mo/Day/Yr) January 25, 2014	
22e. PRONOUNCED DEAD AT (Hour)		22f. PRONOUNCED DEAD AT (Hour) 18:40			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Alane Olson M.D. 1704 Pinto Lane Las Vegas, NV 89106				23b. LICENSE NUMBER 9482	
24a. REGISTRAR (Signature) PANELA THOMAS SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 30, 2014		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) Congestive heart failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				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. Chronic obstructive pulmonary disease				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		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

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: **APR 08 2016**

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

Cody Phinney
STATE REGISTRAR

VRS-Rev-20120523a

