

DOUGLAS COUNTY, NV

2016-881123

Rec:\$17.00

\$17.00 Pgs=4

05/20/2016 03:49 PM

TICOR TITLE - GARDNERVILLE

KAREN ELLISON, RECORDER

APN # **1222-00-002-043**
ORDER NO.: **01602095RLT**

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

Recording Requested by and Return to:

Ticor Title of Nevada, Inc.
1483 Highway 395 N, Suite B

Gardnerville, NV 89410

Affidavit Terminating Joint Tenancy
(Title on Document)

By: _____
Print Name/Title: Rishele L. Thompson/Escrow Officer

This page added to provide additional information required by NRS 111.312 Sections 1-2
(Additional recording fee applies).

WHEN RECORDED MAIL TO:

Susan R. Haworth

1667 Toni Ct
Minden, NV 89423

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. 1602095-RLT
APN No.: 1222-00-002-043

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA
COUNTY OF DOUGLAS


} SS:

Susan R. Haworth, of legal age and competent, to be a witness as to the matters stated herein, being duly sworn, deposes and says

That Richard R. Bates the decedent mentioned in the attached copy of the Certificate of Death, is the same person as Richard R. Bates named as one of the Grantees in that certain Deed from Richard R. Bates to Richard R. Bates and Susan R. Haworth, husband and wife as joint tenants recorded in Book 0513 as Instrument No. 824449, on 5-30-13 of Official Records of Douglas County, Nevada, covering the following described property.

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

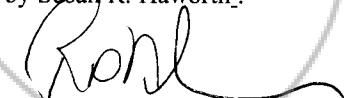
Dated: May 17, 2016


Susan R. Haworth

STATE OF NEVADA
COUNTY OF DOUGLAS

} SS:

This instrument was acknowledged before me on 5/17/16,
by Susan R. Haworth.


NOTARY PUBLIC



Escrow No.01602095 RLT

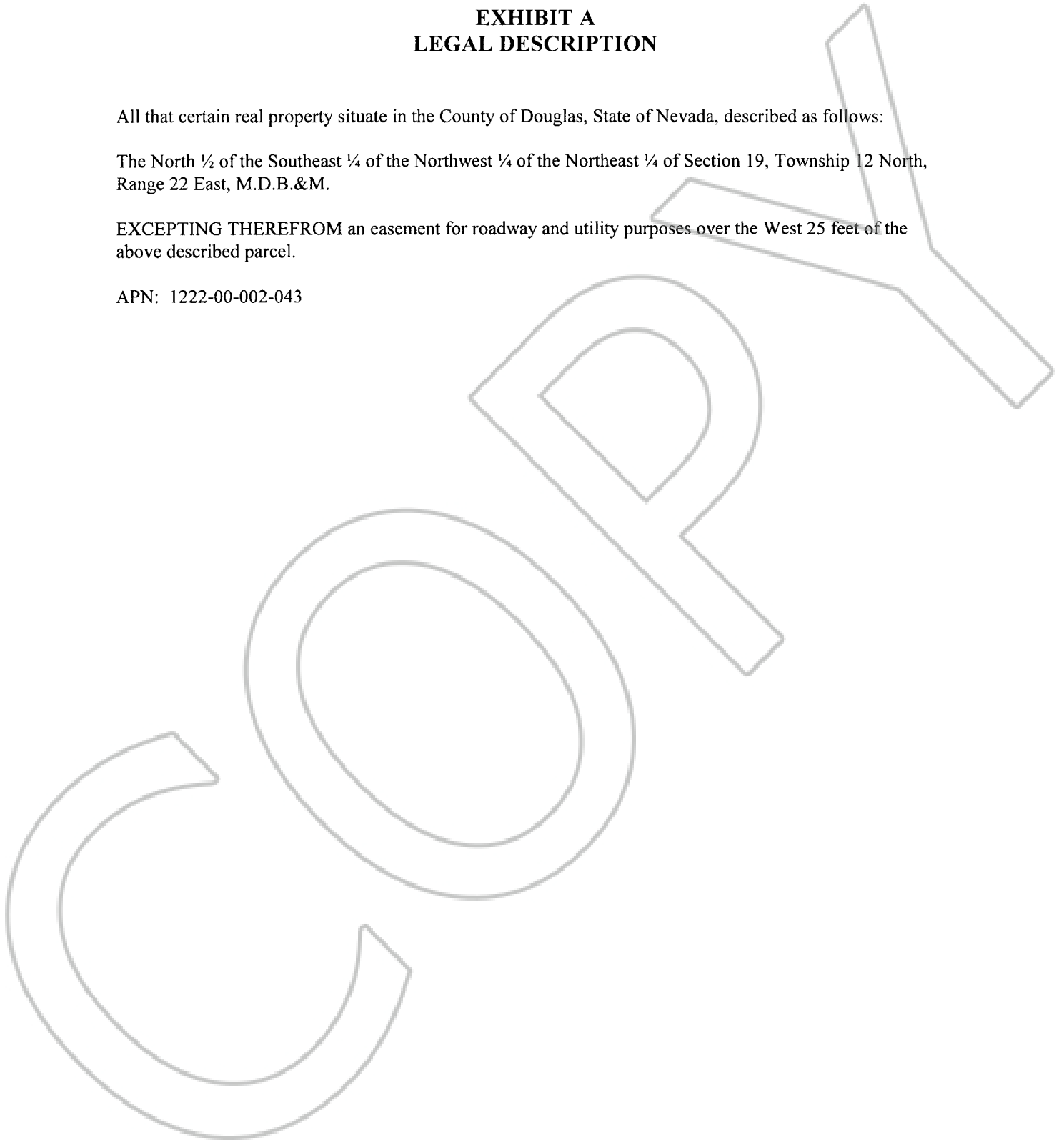
**EXHIBIT A
LEGAL DESCRIPTION**

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

The North ½ of the Southeast ¼ of the Northwest ¼ of the Northeast ¼ of Section 19, Township 12 North, Range 22 East, M.D.B.&M.

EXCEPTING THEREFROM an easement for roadway and utility purposes over the West 25 feet of the above described parcel.

APN: 1222-00-002-043



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2013011024

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) Richard Ralph BATES		2. DATE OF DEATH (Mo/Day/Year) June 28, 2013		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION-Name(if not either, give street and number) Pinenut Road		3e. If Hosp. or Inst. indicate DOA,OP, Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 62		7b. UNDER 1 YEAR MOS : DAYS		7c. UNDER 1 DAY HOURS : MINS	
8. DATE OF BIRTH (Mo/Day/Yr) March 17, 1951		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Susan SCHERFF	
13. SOCIAL SECURITY NUMBER ██████-2288		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Project Manager		14b. KIND OF BUSINESS OR INDUSTRY Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER Pinenut Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Ralph BATES	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Bona SMITH		18a. INFORMANT-NAME (Type or Print) Susan HAWORTH		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3456 Pinenut Road Gardnerville, Nevada 89410	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lomp Ln Carson City NV 89701	
21. 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) STEVEN MICHAEL BROWN 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)		
21b. DATE SIGNED (Mo/Day/Yr) July 08, 2013		21c. HOUR OF DEATH 22:20		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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 Michael Brown M.D. 1667 Lucerne Street Suite A Minden, NV 89423				23b. LICENSE NUMBER 7273	
24a. REGISTRAR (Signature) BIANCA GALIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 09, 2013		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 (a) Chronic Obstructive Pulmonary Disease DUE TO, OR AS A CONSEQUENCE OF (b) Tobacco Abuse DUE TO, OR AS A CONSEQUENCE OF (c) _____ 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) No	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVESY. (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

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 it is engraved border displaying date, seal and signature.

STATE REGISTRAR

Rod White
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

