DOUGLAS COUNTY, NV

Rec:\$17.00

\$17.00

Pgs=4

2016-881739 06/06/2016 08:14 AM

FIRST AMERICAN TITLE RENO

KAREN ELLISON, RECORDER

APN# 1420-28-	811-024
70 H 70 /	
Recording Requeste	
Name:	First American Title Insurance
	Company Sold 100
Address:	5310 Kietzke Lane, Suite 100
City/State/Zip:	Reno, NV 89511-2043
Order Number:	121-2499750 (zc)
	AFFIDAVIT – TERMINATING JOINT
	TENANCY (for Recorder's use only) (Title of Document)
	Recorder Affirmation Statement
	Please complete Affirmation Statement below:
I the undersigned for recording does no	ed hereby affirm that the attached document, including any exhibits, hereby submitted to contain the social security number of any person or persons. (Per NRS 239B.030)  -OR-
x I the undersigned	ed hereby affirm that the attached document, including any exhibits, hereby submitted
-	ntain, the social security number of a person or persons as required by
law:	470.380
ALL DE	(State specific law) ESCROW Office
Signature	Title
Zenn	V. Cabagbag
Print Signature	
This page added to prand NRS 239B.030 S	rovide additional information required by NRS 111.312 Sections 1-2 ection 4.

(Additional recording fee applies)

A.P.N.: File No: 1420-28-811-024 121-2499750 (ZC)

When Recorded return to, and mail Tax Statements to: Sharon Haskell

## **AFFIDAVIT - TERMINATING JOINT TENANCY**

**Sharon Haskell AKA Sharon A Haskell**, of legal age, being first duly sworn, deposes and says:

That John Paul Haskell AKA John P Haskell, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as John Paul Haskell AKA John P Haskell named as one of the parties in that certain Grant Bargain Sale Deed dated December 19, 2005 executed by John P Haskell to Sharon A Haskell and John P Haskell as joint tenants, recorded as Document No. 0664280 on December 23, 2005 in Book 1205 page 11054 of Official Records of Douglas County, Nevada covering the following described property situated in the County of Douglas, State of Nevada:

LOT 24, AS SHOWN ON THE MAP OF SARATOGA HEIGHTS UNIT NO. 1, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MAY 15, 1961, AS DOCUMENT NO. 17827.

	Staron A. 76	shell		Haskell
	Sharon A Haske	II AKA Sharo	on Date	1
	Haskell		5/27/1	<b>6</b>
STATE OF NEVADA	) / /			
COUNTY OF <u>Mullar</u>	:SS.		0.1550101	
COUNTY OF DOUGLAS			CHEECHOV State of Nevada	
		Appointment Record	led in Douglas County Expires May 12, 2019	
This instrument was acknowledged befo	re me on this:	2 - C.OCS.CP.8R (64)	minimum may 12, 2010	
2714 day of May	, 2016			
// )				
By: Sharon A Haskell				
By: , J Its	•			
By: Its				
A Junit A section	·			
Notary Public	^			
(My commission expires: S/12/2019	<u>9</u> _)			



## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**DIVISION OF HEALTH VITAL STATISTICS** 

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2012002992

										•	. 8	TATE FIL	E NUMBE	R	•
TYPE OR PRINT IN	1a. DECEAS	ED-NAME (FIRST	,MIDDLE,LAS	T,SUFFIX)	·				2. DATE	OF DEATH	(Mo/Day/Y	ear)	3a. COUN	TY OF DEATH	4
PERMANENT	John Paul HASKELL							F	ebruary 2	23, 2012	\ I	1	Douglas	,	
	3b. CITY, TOWN, OR LOCATION OF DEA			3c. HOSPI	TAL OR OTH	ER INSTITUTIOI	V -Name(I	f not either, giv	ive street   3e.if Hosp. or Inst. indicate DC						
		Minden	,	and numbe	er)	1367 Kim	Place			Inpatient(S	pecify)	Home	\ \		Male
DECEDENT	5. RACE V			<del>1</del> (	6. Hispanic On			E-Last	75. UND	ER 1 YEAR	7c. UNDE		8. DATE	OF BIRTH (M	
}	(Specify)				No - Non-His		birthda	ay (Years) 72	MOS	DAYS	HOURS	MINS	1	tember 07	
IF DEATH	Qe STATE (	F BIRTH (if not U	S.A. 19b.	CITIZEN OF	F WHAT COU	NTRY 10.EDUC	ATION 11	<del></del>	EVER MAR	RRIED. WIC	OWED.	1 I 12. SUR	1	POUSE (if wife	<u> </u>
OCCURRED IN	name countr			d States	14	I lance		cify) Man		The Real Property lies, the Parks of the Par	maiden	name) (	haron Ann	WALTON	
INSTITUTION SEE HANDBOOK	13. SOCIAL	SECURITY NUMB					Give Kind of Work Done During Most of			IND OF BU	SINESS O	R INDUST	RY	Ever in U	S Armed
REGARDING COMPLETION OF		-5134	Wo	rking Life, E	ven If Retired)	Heat & Fro	st Insu	lator	i		Insulati	on	Forces? No		
RESIDENCE ITEMS	15a. RESIDE	NCE - STATE	15b. COUNT	Ŷ	15c. C	ITY, TOWN OR	LOCATIO	ON 15d.	STREET A	ND NUMBI	R	The same of the sa	15e. INSIDE CITY LIMITS (Specify Yes		
حــــــا	N	evada	ם	ouglas	1	Mind	en	136	67 Kim F	lace			The second name of	or No)	No
PARENTS	16. FATHER	PARENT - NAME	(First Middle	Last Suff	fix)		1	17. MOTHER/	PARENT -	NAME (Fil	st Middle	Last Su	ifflx)	V	<b>V</b>
PARENTO			Phil H	IASKEL	Ļ		1		-	Ela	aine M	CKINN	IS	74	1
	18a. INFOR	MANT- NAME (Typ	•			18b. MAILING A	DDRESS	(Street or R	796	- 1					1
	Ĺ		A HASKE				11		Kim Pla	ce Minde				1	
VEDOCITION		, CREMATION, R		IER (Specify	y) 19b. CEME			NAME rra Cremat	004		19c. LO	CATION	City or T		N. /
ISPOSITION	L	Crema			1		7%		· ·		Ш.,,		n City No	evada 897	06
	20a. FUNER	AL DIRECTOR - S	GIGNATURE (C CK NOE		cting as Such)	20b. FUNER DIRECTOR			ME AND A	DDRESS C	on's Cha		he Valle	w	
	ŀ		TURE AUTI	_		794	20		/	100	Roop C	•		-	•
RADE CALL	TRADE CAL	L - NAME AND AC		HEN I ICAI	EU	<u>-, . J </u>	7		-	-7-					
ODE OALL		To the best of my		ath occurred	at the time, da	ate and place an	d la	22a. On t	he basis of	examinatio	n and/or in	vestigatio	n, in my op	inion death o	occurred at
	21e. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED WITH SANDHU SCHWARTZ M.D.  21b. DATE SIGNED (Mo/Day/Yr)   21c. HOUR OF DEATH   5 cm   5														
CERTIFIER	10 >	DATE SIGNED (M			HOUR OF DE		<u> </u>	ιά 27h DΔ1	re signer	(Mo/Day/Y	(c)	1220	HOUR OF	DEATH	<del></del>
CERTIFIER	0 2 F	ebruary 29, 20				5:44		y Zzu DA	L GIGIVE	, (moreay)	',	1		55	
	سست خوا	NAME OF AFTEN		IAN IF CTH	ER THAN CER	RTIFIER	<u>e</u>	22d. PR	CNOUNCE	D DEAD (N	lo/Day/Yr)	22e.	PRONOU	NCED DEAD	AT (Hour)
	21d.	e or Print)	/			The state of the s	1 1	ช	<b>N</b>	744					
	23a. NAME	AND ADDRESS O									r Print)	2	3b. LICEN	SE NUMBER	
			Sandhu So	chwartz N	A.D. 710 V	Washingt	- 75	755		750	2	25451151	15 TO 00	9114 MMUNICABLI	FDICEACE
REGISTRAR	24a. REGIS	TRAR (Signature)		·	E L YOU!			DATE RECEIV Day/Yr)		1 No. 14	24C. (	YES	_	NO X	: UISEASE
		<u> </u>			UTHENTICA			1.6	bruary 2	9, 2012		TEC			Lond dooth
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DEATH	PARIT	(8)	1	%	_									L	t and death
		Lung Ca	AS A CONSE	QUENCE O	ir:								interval	between onse	t and death
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CAUSE -> STATING THE	1	(c)	AS A CONSE	OUENCE O	_			/_					Interval	between onse	et and death
UNDERLYING CAUSE LAST		,	710 71 00110L	TOPINOL O	The Parks		and the same of th	./							
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1 1	28e INJURY	AT WORK (Spec	ify 28f PLAC	E OF IN III	V- At home for	arm street facto	rv office	28g. LOCAT	ION	STREET O	RREDN	o. Ci	Y OR TO	WN	STATE
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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:

03/02/2012

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







## WASHOE COUNTY RECORDER

OFFICE OF THE COUNTY RECORDER LAWRENCE R. BURTNESS, RECORDER

1001 E. NINTH STREET POST OFFICE BOX 11130 RENO, NEVADA 89520-0027 PHONE (775) 328-3661 FAX (775) 325-8010

## LEGIBILITY NOTICE

The Washoe County Recorder's Office has determined that the attached document may not be suitable for recording by the method used by the Recorder to preserve the Recorder's records. The customer was advised that copies reproduced from the recorded document would not be legible. However, the customer demanded that the document be recorded without delay as the parties rights may be adversely affected because of a delay in recording. Therefore, pursuant to NRS 247.120 (3), the County Recorder accepted the document conditionally, based on the undersigned's representation (1) that a suitable copy will be submitted at a later date (2) it is impossible or impracticable to submit a more suitable copy.

By my signing below, I acknowledge that I have been advised that once the document has been microfilmed it may not reproduce a legible copy.

Signature

Date

Printed Name