



KAREN ELLISON, RECORDER

APN: 1220-24-201-041

When Recorded Mail To:

ROWE & HALES, LLP
James R. Hales, Esq.
P.O. Box 2080
Minden, NV 89423

Send Tax Statements To:

Brenda Chambers
1883 Colt Lane
Gardnerville, NV 89410

**AFFIDAVIT OF TERMINATION OF JOINT TENANCY
(Death of Joint Tenant)**

Brenda Chambers, being of legal age and being first duly sworn, deposes and says:

Affiant was the wife of Robert A. Chambers, up to and until his death.

Robert A. Chambers died on the 1st day of April, 2016, in Douglas County,
Nevada.

Robert A. Chambers, the decedent mentioned in the attached certified copy of Certificate of Death, is named as one of the parties in that certain Grant Bargain, Sale Deed, dated the 10th day of April, 2001, executed by Robert Don Peet and Janice P. Peet to Robert A. Chambers and Brenda Chambers, Husband and Wife, holding title as joint tenants, recorded as Instrument No. 0512724 on the 20th day of April, 2001, in Book 0401, Page 5271 of the Official Records of Douglas County, Nevada, covering the following

described property situated in the County of Douglas, State of Nevada.

Parcel 27-D2, as shown on the Parcel Map for Clinton W. Fries, recorded June 28, 1993 in Book 693 of Official Records, at page 6287, Douglas County, Nevada as Document No. 311042. Being a division of Lot 27D as shown on the Parcel Map for Chuck Jacobs, recorded December 14, 1987, in Book 1287 of Official Records, at page 1985, Douglas County, Nevada, as Document No. 168715, being a division of Lot 27, as shown on the official map of Ruhenstroth Ranchos Subdivision filed for record on April 15, 1965, as Document No. 27706, Douglas County, Nevada.

Per NRS 111.312, this legal description was previously recorded at Document No.

0512724, Book No. 0401, Page 5271 on April 20, 2001.

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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. 3887456

2016007182
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) Robert Allen CHAMBERS		2. DATE OF DEATH (Mo/Day/Year) April 01, 2016		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street an Carson Valley Medical Center		3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Emergency Room / Outpatient	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday 80	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		8. DATE OF BIRTH (Mo/Day/Yr) May 26, 1935	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 18	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Brenda Marina HOOD			
13. SOCIAL SECURITY NUMBER ██████████-8043		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Engineer		14b. KIND OF BUSINESS OR INDUSTRY Aerospace	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1883 Colt Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Frank Hamilton CHAMBERS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Vivian Thelma GILES		
18a. INFORMANT- NAME (Type or Print) Brenda Marina CHAMBERS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1883 Colt Lane 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 NUMBER 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
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) Geoffrey Marshall 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) Geoffrey Marshall SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) April 21, 2016		21c. HOUR OF DEATH 00:15		22b. DATE SIGNED (Mo/Day/Yr) April 21, 2016	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 00:15		22d. PRONOUNCED DEAD (Mo/Day/Yr) April 02, 2016	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Geoffrey Marshall P O Box 218 Minden, NV 89423				23b. LICENSE NUMBER 0430	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 21, 2016		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) Atherosclerotic Cardiovascular Disease Interval between onset and death					
(b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
(c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
(d) DUE TO, OR AS A CONSEQUENCE OF: 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. Metastatic Prostatic Carcinoma				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	

STATE REGISTRAR

624326

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: 4/21/2016

SIGNATURE AUTHENTICATED

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

VRS-Rev-20120523a

