Total:\$17.00 ROWE & HALES, LLP



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 10<sup>th</sup> 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 20<sup>th</sup> 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.

Pursuant to NRS 239B.030(4), I affirm that this instrument does contain the personal information of a person in that the attached death certificate contains the Decedent's social security number.

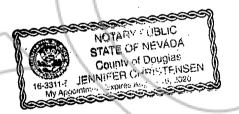
IN WITNESS WHEREOF, I have hereunto set my hand this 28<sup>th</sup> day of September, 2016.

Brenda Chambers

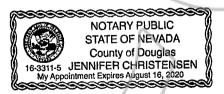
STATE OF NEVADA ) ss. COUNTY OF DOUGLAS )

This instrument was acknowledged before me on the 28<sup>th</sup> day of September, 2016, by Brenda Chambers.

WITNESS my hand and official seal.



NOTARY PUBLIC





DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

VITAL STATISTICS **CERTIFICATE OF DEATH** 

2016007182

12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage

May 26, 1935

Brenda Marina HOOD

Eve, in US Armed

15e. INSIDE CITY LIMITS (Specify Yes or No) Yes

Yes

Forces? No

TYPE OR
PRINT IN
PERMANENT

**CASE FILE NO. 3887456** 

13. SOCIAL SECURITY NUMBER

15a, RESIDENCE - STATE

RADE CALL TRADE CALL - NAME AND ADDRESS

(Type or Print)

24a. REGISTRAR (Signature)

Nevada

-8043

18a, INFORMANT- NAME (Type or Print)

16. FATHER/PARENT - NAME (First Middle Last Suffix)

Cremation

to the cause(s) stated (Signature & Title)

21b. DATE SIGNED (Mo/Day/Yr)

**Brenda Marina CHAMBERS** 

20a, FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)

JOHN LAWRENCE

SIGNATURE AUTHENTICATED

21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

**BLACK INK** 

DECEDENT

IF DEATH
OCCURRED IN
NSTITUTION SEE
HANDBOOK
REGARDING
COMPLETION OF

RESIDENCE ITEMS	
L	
	-

**PARENTS** 

**ISPOSITION** 

**CERTIFIER** 

**CAUSE OF** DEATH

REGISTRAR

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

			. ST	STATE FILE NUMBER		
a. Deceased-name (first,middle,last,suffix)			TE OF DEATH (Mo/Day/Year)	3a. COUNTY OF DEATH		
Robert Allen	CHAMBERS		April 01, 2016	Doug	las	
Bb. CITY, TOWN, OR LOCATION OF DEATH	3c. HOSPITAL OR OTHER INSTITUTION	-Name(If not either, give stree	at an 3e. If Hosp. or Inst. indicate	DOA, OP/Emer, Rm.	4. SEX	
Gardnerville	Carson Valley Medical Center		Inpatient(Specify) Emergency Roc	n / Outpatient	Male	
PACE Milito	6 Hispanic Origin? Specify	7a. AGE-Last birthday 7b. L	INDER 1 YEAR 7c. UNDER 1 D	AY 8. DATE OF BIRTH	(Mo/Day/Yr)	

5. RACE White 6. Hispanic Origin? Specify MOS No - Non-Hispanic (Years) (Specify) ጸበ 1. MARITAL STATUS (Sc 9b. CITIZEN OF WHAT COUNTRY 10 EDUCATION 9a. STATE OF BIRTH (If not US/CA, Married California **United States** 18

Douglas

Frank Hamilton CHAMBERS

14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Engineer 15c. CITY, TOWN OR LOCATION

Gardnerville

17. MOTHER/PARENT - NAME (First Middle Last Suffix)

18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory

> 20b. FUNERAL DIRECTOF 20c. NAME AND ADDRESS OF FACILITY LICENSE NUMBER 304R

1883 Colt Lane Gardnerville, Nevada 89410 19c LOCATION City or Town Sparks Nevada 89431

14b. KIND OF BUSINESS OR INDUSTRY

**Autumn Funerals & Cremations** 1575 N Lompa Ln Carson City NV 89701

Vivian Thelma GILES

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** 

22b. DATE SIGNED (Mo/Day/Yr) April 21, 2016 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

April 21, 2016

24b. DATE RECEIVED BY REGISTRAR

15d, STREET AND NUMBER

1883 Colt Lane

22e, PRONOUNCED DEAD AT (Hour)

00:15 23b. LICENSE NUMBER 0430

SIGNATURE AUTHENTICATED

Interval between onset and death

00:15

24c, DEATH DUE TO COMMUNICABLE DISEASE NO X YES

22c. HOUR OF DEATH

(Mo/Day/Yr) SIGNATURE AUTHENTICATED 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Atherosclerotic Cardiovascular Disease

21a. To the best of my knowledge, death occurred at the time, date and place and due

21c. HOUR OF DEATH

VERALYNN A BOYACK

DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:

puilding, etc. (Specify)

DUE TO, OR AS A CONSEQUENCE OF:

28a, ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) 28b. DATE OF INJURY (Mo/Day/Yr)

28f. PLACE OF INJURY- At home, farm, street, factory, office 28e. INJURY AT WORK (Specify

PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.

Metastatic Prostatic Carcinoma

28c, HOUR OF INJURY

28g. LOCATION

28d, DESCRIBE HOW INJURY OCCURRED

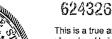
STREET OR R.F.D. No.

26. AUTOPSY (Specif 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes

CITY OR TOWN

STATE REGISTRAR

VRS-Rev-20120523a



Yes or No)

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.