

DOUGLAS COUNTY, NV

2016-888401

Rec:\$16.00

\$16.00

Pgs=3

09/30/2016 10:58 AM

TICOR TITLE - GARDNERVILLE

KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:

Jay T. Wilson
2873 La Cresta Circle
Minden, NV 89423

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. 1604740-RLT
APN No.: 1420-28-312-009

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA
COUNTY OF DOUGLAS

} SS:

Jay T. Wilson, of legal age and competent, to be a witness as to the matters stated herein, being duly sworn, deposes and says

That Norma Jean Wilson the decedent mentioned in the attached copy of the Certificate of Death, is the same person as Norma Jean Wilson named as one of the Grantees in that certain Deed from William V. Merrill and Kathy Lynn Merrill, Trustees of the Bill and Kathy Merrill Family Trust Dated August 23,2000 to Jay T. Wilson and Norma Jean Wilson, husband and wife as joint tenants recorded in Book 0705 as Instrument No. 0650928, on 7-29-05 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: September 15, 2016

Jay T. Wilson
Jay T. Wilson

STATE OF NEVADA
COUNTY OF DOUGLAS

} SS:

This instrument was acknowledged before me on 9/20/16,
by Jay T. Wilson

Ron
NOTARY PUBLIC

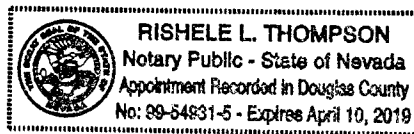
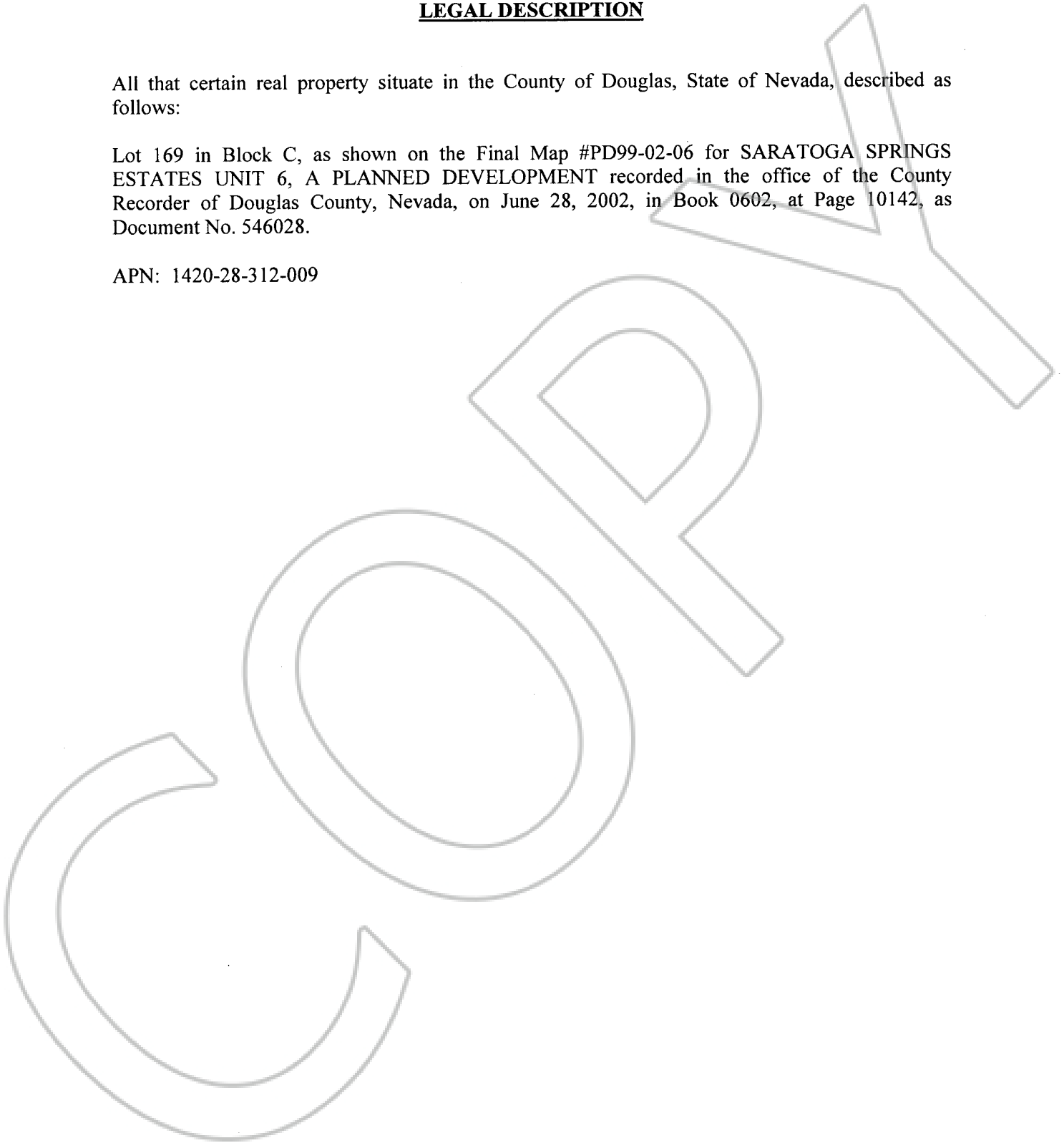


EXHIBIT A
LEGAL DESCRIPTION

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

Lot 169 in Block C, as shown on the Final Map #PD99-02-06 for SARATOGA SPRINGS ESTATES UNIT 6, A PLANNED DEVELOPMENT recorded in the office of the County Recorder of Douglas County, Nevada, on June 28, 2002, in Book 0602, at Page 10142, as Document No. 546028.

APN: 1420-28-312-009



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2013021657
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 HAVE BECOME IMMEDIATE CAUSE -> STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Norma Jean WILSON		2. DATE OF DEATH (Mo/Day/Year) December 21, 2013		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) Carson Tahoe Regional 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 Yes - SPANISH		7a. AGE-Last birthday (Years) 65	
9a. STATE OF BIRTH (If not U.S.A. name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER 6989		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Data Center Manager		14b. KIND OF BUSINESS OR INDUSTRY Hewlett Packard	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 2873 La Cresta Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		12. SURVIVING SPOUSE (if wife, give maiden name) Jay WILSON	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Arturo SANCHEZ			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lucita GARCIA		
18a. INFORMANT- NAME (Type or Print) Jay WILSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2873 La Cresta Circle Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 823		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
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) RUTH RHINES 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) RUTH RHINES SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr) January 09, 2014		21c. HOUR OF DEATH 09:12		22b. DATE SIGNED (Mo/Day/Yr) January 09, 2014	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 09:12		22d. PRONOUNCED DEAD (Mo/Day/Yr) December 21, 2013	
22e. PRONOUNCED DEAD AT (Hour) 09:12		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, NURSE, CHAPLAIN, OR CORONER) (Type or Print) Coroner Ruth Rhines 911 E Musser St Carson City, NV 89701			
23b. LICENSE NUMBER 9307		24a. REGISTRAR (Signature) BIRNCA CALZANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 09, 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		(a) Acute Cardiopulmonary Arrest		Interval between onset and death	
		(b) Probable Pneumonia		Interval between onset and death	
		(c) Unknown Cause		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 1.				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

VRS-Rev-20120523a

512898

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: 01/10/2014

Ruth Rhines
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

