

APN No.: 1420-18-710-039

WHEN RECORDED MAIL TO:

Gilbert Levites
9829 Buttermilk Falls Street
Las Vegas, NV 89178

MAIL TAX STATEMENTS TO:

Same as Above

SPACE ABOVE FOR RECORDER'S USE ONLY

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA
COUNTY OF CLARK

} ss:

Gilbert Levites, of legal age and competent, to be a witness as to the matters stated herein, being duly sworn, deposes and says

That Janice Rey Levites, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Janice Sanborn Levites, named as one of the Grantees in that certain Deed recorded in Book 0206, Page 9342, as Document No. 0668858, on February 28, 2006 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 20, 2016

Gilbert Levites

Gilbert Levites

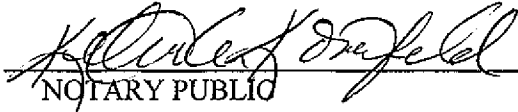
SEE PAGE TWO (2) FOR NOTARY ACKNOWLEDGEMENT

NOTARY ACKNOWLEDGEMENT FOR AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA
COUNTY OF CLARK

} ss:

This instrument was acknowledged before me on 9-22-16,
by Gilbert Levites.


NOTARY PUBLIC

NOTARY: PLEASE STAMP BELOW THIS LINE AND BE SURE YOUR SEAL IS CLEAR AND DOES NOT COVER ANY DOCUMENT TEXT.

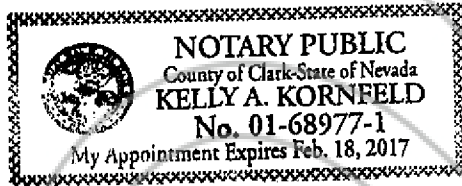


EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 050302846.

The land referred to herein is situated in the State of Nevada, County of DOUGLAS described as follows:

Lot 39 in Block B, as set forth on that certain Amended Final Map LDA #99-54-1A for SUNRIDGE HEIGHTS III, PHASE 1A, a Planned Unit Development, recorded in the office of the Douglas County Recorder on December 29, 2003, in Book 1203, Page 12019, as Document No. 600647.

ASSESSOR'S PARCEL NO. 1420-18-710-039

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. 3910772

2016015264

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

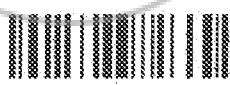
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Janice Rey LEVITES		2. DATE OF DEATH (Mo/Day/Year) August 21, 2016		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and Inpatient(Specify) 9829 Buttermilk Falls Street Home		4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 84	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINTS
8. DATE OF BIRTH (Mo/Day/Yr) February 09, 1932		9a. STATE OF BIRTH (If not US/CA, name country) Minnesota		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Gilbert LEVITES	
13. SOCIAL SECURITY NUMBER [REDACTED]-1543		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of School Teacher		14b. KIND OF BUSINESS OR INDUSTRY Elementary School	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark	15c. CITY, TOWN OR LOCATION Las Vegas	15d. STREET AND NUMBER 9829 Buttermilk Falls Street	15e. INSIDE CITY LIMITS (Specify Yes or No) No
16. FATHER/PARENT - NAME (First Middle Last Suffix) Royce E SANBORN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Gladys Marie REY		
18a. INFORMANT - NAME (Type or Print) Laura AMARAL		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3075 Soft Horizon Way Las Vegas, Nevada 89135			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY - NAME Good Shepherd Cemetery		19c. LOCATION City or Town State Huntington Beach California 92646	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) MATTHEW B PHILLIPS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 890	20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Southwest 7979 W Warm Springs Rd Las Vegas NV 89113		
TRADE CALL - NAME AND ADDRESS Stricklin Srively Mortuary 1952 Long Beach Boulevard Long Beach CA 90806					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) RITU JOSHI 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) August 25, 2016		21c. HOUR OF DEATH 07:30	22b. DATE SIGNED (Mo/Day/Yr)		22a. HOUR OF DEATH
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		22a. PRONOUNCED DEAD AT (Hour)
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Ritu Joshi M.D. PO Box 400548 Las Vegas, NV 89140				23b. LICENSE NUMBER 8444	
24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 25, 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					Interval between onset and death
(a) Cardiopulmonary Arrest					Interval between onset and death
(b) Malignant Neoplasm Lung					Interval between onset and death
(c) 					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 I.					26. AUTOPSY (Specify Yes or No) No
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC., SUICIDE, HGM, 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

LOCAL REGISTRAR

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by state Board of Health pursuant to NRS 440.175.

VRS-Rev-20120523a



304486

DATE ISSUED:

AUG 31 2016

Registrar of Vital Statistics

By:

Dracopite

This copy not valid unless prepared on watermarked security paper displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1919 • Tax ID # 88-0151573

