

A.P.N. #1022-29-412-005

RECORDING REQUESTED BY:
Nevada Legal Forms & Tax Services
3901 W. Charleston Blvd
Las Vegas, Nevada 89102

MAIL TAX STATEMENTS AND
RECORDED DOCUMENTS TO:
Pamela S. Graham
3474 Mark Twain
Gardnerville, Nevada 89410



KAREN ELLISON, RECORDER

AFFIDAVIT-TERMINATION OF JOINT TENANT Death of a Joint Tenant

I, *PS* PAMELA S. GRAHAM, the Affiant and of being of legal age, and being first duly sworn, deposes and says:

That *PS* GILBERT EUGENE ~~G~~HAHAM the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as, *PS* GILBERT E. ~~G~~HAHAM, named as one of the parties in that certain Grant, Bargain, Sale Deed, Dated December 28, 1997, and executed by Gilbert E. Graham and Pamela S. Graham, husband and wife as joint tenants, known as Grantor(s), to PAMELA S. GRAHAM and *PS* GILBERT E. ~~G~~HAHAM, Wife and Husband and as Joint Tenants and recorded as Instrument Number/Document Number 0681624, on August 8, 2006 in Book 0806 Page 3190 of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

Commonly Known Address:

3474 Mark Twain
Gardnerville, Nevada 89410

Legal Description:

LOT 6, as shown on the map of TOPAZ SUNRISE ESTATES, filed for record in the office of the County Recorder on January 9, 1968, as Document No. 39898, Official Records of Douglas County, Nevada.

Excepting therefrom the mobile home or manufactured housing unit and appurtenances, if any, located on said land.

In Witness Whereof, I have hereunto set my hand this 22 day of November, 2016.

Pamela S. Graham

PAMELA S. GRAHAM
Nevada Legal Forms, Inc.
3901 W. Charleston Blvd.
Las Vegas, Nevada 89102
Tel: (702) 870-8977
Registrant: Ruby Jean Nelson
No. NVDP201617764

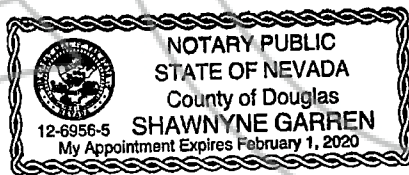
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STATE OF)
COUNTY OF)

On November 22, 2016, before me, Shawnyne Garren, a Notary Public, personally appeared before me, **PAMELA S. GRAHAM**, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it, and that by his or her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Nevada that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Notary Public: Shawnyne Garren
My Commission Expires: 2/1/20

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. 3908717

2016014457
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) Gilbert Eugene GRAHAM		2. DATE OF DEATH (Mo/Day/Year) August 09, 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 or Inpatient)(Specify) 3474 Mark Twain Ave Home		4. SEX Male		
	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 77		
	7b. UNDER 1 YEAR MOS: _____ DAYS: _____		7c. UNDER 1 DAY HOURS: _____ MINS: _____		8. DATE OF BIRTH (Mo/Day/Yr) February 13, 1939		
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14		11. MARITAL STATUS (Specify) Married	
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Pamela BAIRD		13. SOCIAL SECURITY NUMBER 8290		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Probation Department)		14b. KIND OF BUSINESS OR INDUSTRY Mono County	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 3474 Mark Twain Ave	
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Clyde GRAHAM		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lurrie BONNER			
18a. INFORMANT - NAME (Type or Print) Pamela GRAHAM		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3474 Mark Twain Ave Gardnerville, Nevada 89410					
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		20b. FUNERAL DIRECTOR LICENSE NUMBER 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) STEVEN L ELLIOTT M.D.			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 15, 2016			21c. HOUR OF DEATH 08:15		22b. DATE SIGNED (Mo/Day/Yr)		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)		
22e. PRONOUNCED DEAD AT (Hour)			23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Steven L Elliott M.D. 1200 N. Mountain Street Carson City, NV 89703				
23b. LICENSE NUMBER 10151			24a. REGISTRAR (Signature) RHONDA PENA				
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 15, 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) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Arrythmia DUE TO, OR AS A CONSEQUENCE OF: (c) Atrial Fibrillation DUE TO, OR AS A CONSEQUENCE OF: (d) Hypertension						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.						Interval between onset and death	
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

000640390



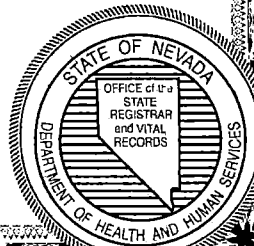
CERTIFIED COPY OF VITAL RECORDS

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: **8/25/2016**

Rhonda Pena
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a