

APN# 1420-34-102-023

**Recording Requested by:**

**Name:** First American Title Insurance Company

**Address:** 1663 US Highway 395, Suite 101

**City/State/Zip:** Minden, NV 89423

**Order Number:** 143-2512862

Affidavit-Terminating Joint Tenancy (for Recorder's use only)  
(Title of Document)

**Recorder Affirmation Statement**

**Please complete Affirmation Statement below:**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

**-OR-**

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law:

NRS 440 380  
(State specific law)

[Signature]  
Signature

[Signature]  
Title

Muse Petersen  
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)

A.P.N.: 1420-34-102-023  
File No: 143-2512862 (SC)

When Recorded return to, and mail Tax Statements to:  
Bette Grider

### **AFFIDAVIT - TERMINATING JOINT TENANCY**

**Bette Grider**, of legal age, being first duly sworn, deposes and says:

That **Dennis Pat Grider**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Dennis P. Grider** named as one of the parties in that certain **Grant Bargain and Sale Deed** dated **March 22, 2002** executed by **Dennis P. Grider** to **Bette Grider and Dennis P. Grider** as joint tenants, recorded as Document No. **0538100** on **March 27, 2002** in Book **0302**, page **10346** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

**PARCEL 1C AS SET FORTH ON THE PARCEL MAP FOR DENNIS P. AND BETTE GRIDER, BEING A PORTION OF PARCEL 1 OF THE PARCEL MAP FOR JOHN & ZELL DICKENSON, RECORDED AS DOCUMENT NUMBER 28899, RECORDED JANUARY 11, 1979 IN BOOK 179, PAGE 37 AND RECORDED AS DOCUMENT NUMBER 697749, RECORDED MARCH 26, 2007 IN BOOK 307, PAGE 8087, OFFICIAL RECORDS OF DOUGLAS COUNTY, STATE OF NEVADA.**

*Bette Grider* 11/18/16

Bette Grider

Date

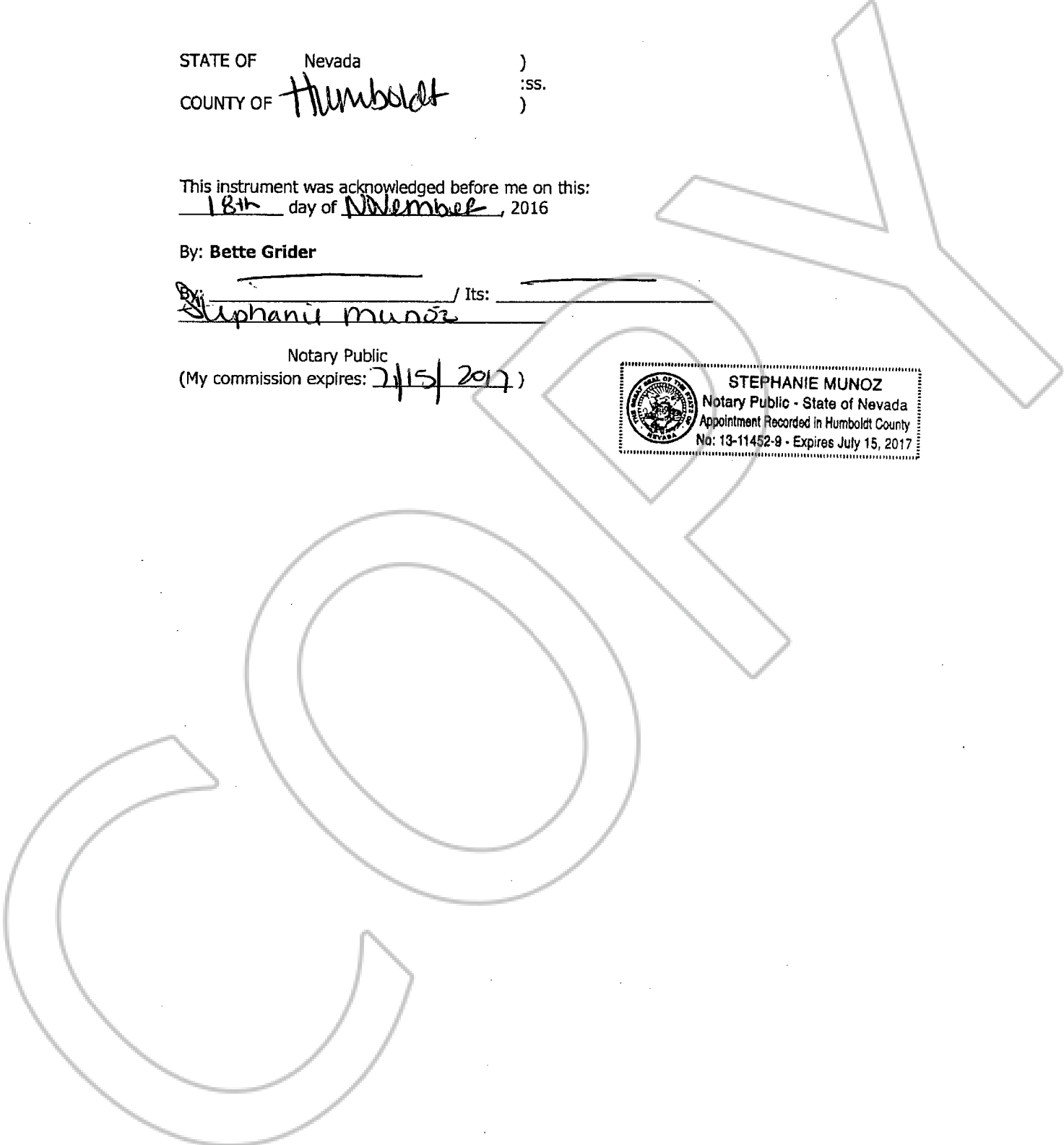
STATE OF Nevada )  
COUNTY OF Humboldt ) :ss.

This instrument was acknowledged before me on this:  
18th day of November, 2016

By: **Bette Grider**

Stephanie Munoz / Its: \_\_\_\_\_

Notary Public  
(My commission expires: 7/15/2017)



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**

CASE FILE NO. 3918322

**CERTIFICATE OF DEATH**

2016020304  
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) <b>Dennis Pat GRIDER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 02, 2016</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Minden</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or 3e.If Hosp. or Inst. indicate DOA,OP/emer. Rm. Inpatient(Specify) <b>2793 Gordon Ave Home</b>		4. SEX <b>Male</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) <b>66</b>	7b. UNDER 1 YEAR MOS <b>0</b>	7c. UNDER 1 DAY HOURS <b>0</b>
8. DATE OF BIRTH (Mo/Day/Yr) <b>June 16, 1950</b>		9a. STATE OF BIRTH (If not USCA, name country) <b>Oklahoma</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Bette Lee HASBROOK</b>	
13. SOCIAL SECURITY NUMBER <b>██████████6421</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Electric Sign</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>	15c. CITY, TOWN OR LOCATION <b>Minden</b>	15d. STREET AND NUMBER <b>2793 Gordon Ave</b>	15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Lloyd GRIDER</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Delores MUSGROVE</b>		
18a. INFORMANT - NAME (Type or Print) <b>Bette GRIDER</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2793 Gordon Ave Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION - City or Town - State <b>Carson City Nevada 89706</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>DARREN K HILL</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>848</b>	20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</b>		
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) <b>DANIEL J COVERLEY</b> 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) <b>DANIEL J COVERLEY</b> SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) <b>November 09, 2016</b>		21c. HOUR OF DEATH <b>11:09</b>		22b. DATE SIGNED (Mo/Day/Yr) <b>November 09, 2016</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>October 02, 2016</b>		22e. PRONOUNCED DEAD AT (Hour) <b>11:09</b>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Daniel J Coverley P.O. Box 218 Minden, NV 89423</b>					23b. LICENSE NUMBER
24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 10, 2016</b>		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) <b>Cardiovascular Disease</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF: 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 I. <b>Arteriosclerotic And Hypertensive Cardiovascular Disease</b>					26. AUTOPSY (Specify Yes or No) <b>No</b>
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
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

0 0 0 6 4 9 4 4 6



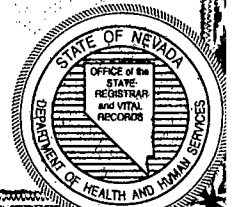
CERTIFIED COPY OF VITAL RECORDS

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: 11/14/2016

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

*Cody L. Riney*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED



VRS-Rev-20120523a