



KAREN ELLISON, RECORDER

APN: 1022-16-002-040

**Recording Requested by:**  
Michael Smiley Rowe, Esq.  
P.O. Box 2080  
Minden, NV 89423

**Send Tax Statements To:**  
George H. Flesner  
3720 Rock Road  
Wellington, NV 89444

**AFFIDAVIT OF TERMINATION OF JOINT TENANCY  
(Death of Joint Tenant - NRS 111.365)**

I, GEORGE H. FLESNER, being of legal age and being first duly sworn, deposes  
and says:

Affiant was the husband of Patricia L. Flesner, up to and until her death.

Patricia L. Flesner died on the 4th day of August, 2016, in Douglas County,  
Nevada.

Patricia L. Flesner, the decedent mentioned in the attached certified copy of  
Certificate of Death, is named as one of the parties in that certain Joint Tenancy Deed  
dated the 18th day of April, 1986, executed by Ralph L. Bennett and Carol T. Bennett, as  
Grantors, to George H. Flesner and Patricia L. Flesner, as Grantees, holding title as joint  
tenants with rights of survivorship, recorded as Instrument No. 134441 on the 6th day of  
May, 1986, in Book 586, Page 483 of the Official Records of Douglas County, Nevada,  
for the following described property situated in the County of Douglas, State of Nevada.

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Being all of Lot 44 in Block K, as shown on the map entitled TOPAZ RANCH ESTATES, UNIT NO. 4, filed for record November 16, 1970, in the office of the County Recorder of Douglas County, Nevada, as Document No. 50212.

Per NRS 111.312, this legal description was previously recorded at Document No. 134441 on the 6th day of May, 1986, in Book 586, Page 483.

Pursuant to NRS 239B.030(4), I affirm that this instrument does contain the personal information of a person in that a certified Death Certificate is attached here.

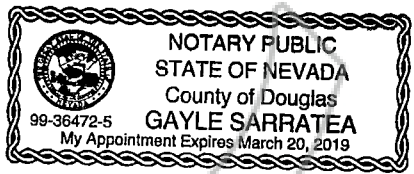
IN WITNESS WHEREOF, I have hereunto set my hand on January 27, 2017.

*George H. Flesner*  
\_\_\_\_\_  
GEORGE H. FLESNER

STATE OF NEVADA        )  
                                  ) ss.  
COUNTY OF DOUGLAS    )

This instrument was acknowledged before me on the 27th day of January, 2017,  
by GEORGE H. FLESNER.

WITNESS my hand and official seal.



*Gayle Sarratea*  
\_\_\_\_\_  
NOTARY PUBLIC

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

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

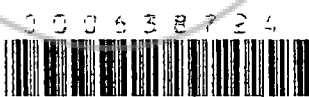
CASE FILE NO. 3907688

**CERTIFICATE OF DEATH**

**2016014484**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Patricia Louise FLESNER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 04, 2016</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Inpatient)(Specify) <b>Evergreen Gardnerville Health &amp; Rehab Center Nursing Home</b>		4. SEX <b>Female</b>	
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>91</b>	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>August 31, 1924</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>13</b>	
	11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>George Henry FLESNER</b>			
PARENTS	13. SOCIAL SECURITY NUMBER <b>0691</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Housewife</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Wellington</b>	
DISPOSITION	15d. STREET AND NUMBER <b>3720 Rock Rd.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Robert Ray SMITH</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Cecile Marie SMITH NEE CUYLER</b>		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) <b>George Henry FLESNER</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>3720 Rock Rd. Wellington, Nevada 89444</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TAMAR R ROBINSON</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>870</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410</b>	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	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>JUDITH E ROSSO</b>		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) <b>August 15, 2016</b>		21c. HOUR OF DEATH <b>07:25</b>		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
CAUSE OF DEATH	22b. DATE SIGNED (Mo/Day/Yr)		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) <b>Judith E Rosso 1520 Virginia Ranch Rd Gardnerville, NV 89410</b>			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER <b>DO750</b>		24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b>			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 15, 2016</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
STATE REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
	PART I				Interval between onset and death	
(a) <b>Respiratory Failure</b>				Days		
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(b) <b>Congestive Heart Failure</b>				Months		
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(c) <b>Heart Disease</b>				Years		
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death		
(d) <b>Hypertension</b>				Years		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Pulmonary Edema</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



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: 8/15/2016

*Cody D. P...*  
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

