

989, Page 3823, as Document No. 211874.

This affidavit is made to officially record the termination of the joint tenancy on this property between LEE SCOTT MARTIN and LISA KAY MARTIN and to place ownership with LISA KAY MARTIN.

DATED: This 22 day of Feb., 2017.

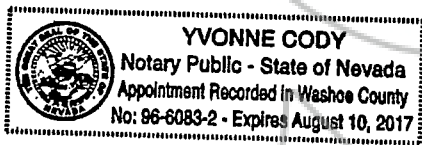
Lisa Kay Martin
LISA KAY MARTIN

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

On this 22ND day of FEBRUARY 2017, personally appeared before me, a Notary Public in and for said Washoe County, LISA KAY MARTIN, known to me to be the person described in and who executed the foregoing instrument and who acknowledged and stated to me under penalties of perjury to me that she executed the same freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS my hand and official seal.

Yvonne Cody
NOTARY PUBLIC IN AND FOR SAID
COUNTY AND STATE



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

CASE FILE NO. 3939627

2017002364
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) Lee Scott MARTIN		2. DATE OF DEATH (Mo/Day/Year) February 01, 2017		3a. COUNTY OF DEATH Washoe	
	3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) Renown Regional Medical Center		3e. If Hosp or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
	4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 60		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 15, 1956		9a. STATE OF BIRTH (If not US/CA, name country) Massachusetts		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) Lisa Kay SKOW		
13. SOCIAL SECURITY NUMBER ██████████6983		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Engineer		14b. KIND OF BUSINESS OR INDUSTRY Computer		
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		
15c. CITY, TOWN OR LOCATION Minden		15d. STREET AND NUMBER 1026 Aspen Grove Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		
16. FATHER/PARENT - NAME (First Middle Last Suffix) Lee Cosgrove MARTIN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Marion TARBOX			
18a. INFORMANT - NAME (Type or Print) Lisa K MARTIN			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1026 Aspen Grove Circle Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOANN BUSAM SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 624		20c. NAME AND ADDRESS OF FACILITY Truckee Meadows Cremation and Burial 616 South Wells Avenue Reno NV 89502		
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) JEREMY M GONDA 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) February 08, 2017		21c. HOUR OF DEATH 21:34		22b. DATE SIGNED (Mo/Day/Yr)		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Bruce W Denney M.D.		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) Jeremy M Gonda M.D. 236 W Sixth St Reno, NV 89503				23b. LICENSE NUMBER 14342		
24a. REGISTRAR (Signature) CARMEN M MENDOZA SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 10, 2017		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) Ventricular Fibrillation DUE TO, OR AS A CONSEQUENCE OF (b) Cardiogenic Shock DUE TO, OR AS A CONSEQUENCE OF: (c) Severe Sepsis DUE TO, OR AS A CONSEQUENCE OF (d) Bronchopneumonia				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		
28a. ACC. SUICIDE, HOM., UNDET OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		
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

000 254063

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.

2/15/2017

DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED:
REV 10/15

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

