DOUGLAS COUNTY, NV

Rec:\$16.00 Total:\$16.00

02/23/2017 11:30 AM

2017-895069

Pgs=3

BRIAN L. DAVENPORT



KAREN ELLISON, RECORDER

APN: 1320-30-813-004

RECORDING REQUESTED BY:

Lisa Kav Martin 1026 Aspen Grove Minden Nevada 89423

WHEN RECORDED MAIL TO:

SAME AS ABOVE

GRANTEE'S ADDRESS

SAME AS ABOVE

SPACE ABOVE FOR RECORDER'S USE

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
COUNTY OF WASHOE) ss.)

LISA KAY MARTIN does hereby swear under penalty of perjury that the assertions of this affidavit are true. That affiant is over the age of eighteen (18) years and competent to be a witness as to the matters hereinafter stated.

That affiant is one of the Grantees in that certain Grant, Bargain. Sale Deed, dated the 22 day of November, 2000, as Document No. 503743 _, in Book 1/00 , Page 4295 , of the official records of the County of Douglas, State of Nevada. That LEE SCOTT MARTIN was one of the Grantees named in said Grant, Bargain, Sale Deed and was the identical person named as the decedent in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof as Exhibit "A".

The legal description of the property is as follows:

APN 1320-30-813-004

Lot 4, in block C, as set forth on the final map of MOUNTAIN GLEN, PHASE 2, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 28, 1989, Book 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 $\frac{22}{4}$ day of $\frac{1}{4}$, 2017

LISA KAY MARTIN

STATE OF NEVADA

SS

COUNTY OF WASHOE

On this 22 day of EBRUARY, 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.

YVONNE CODY
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 96-6083-2 - Expires August 10, 2017

WITNESS my hand and official seal.

NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 3939627

AN MONTO CONTROL OF AN MONTO CONTROL OF CO

CERTIFICATE OF DEATH

2017002364

	STATE FILE NUMBER														
TYPE OR	1a. DECEASED-NAME (FIRST	MIDDLE,LAST	r,SUFFIX)					2. DATE O	F DEATH	(Mo/Day/Ye	ar) 3	a. COUNT	Y OF DEAT	H	
PRINT IN PERMANENT	Lee Scott MARTIN														
	3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give								February 01, 2017 Washoe we street an 3e. if Hosp or Inst. indicate DOA, OP/Emer. Rm. 4, SEX						
	3b. CITY, TOWN, OR LOCATION	N OF DEATH						street and	nostient/S	or inst, indi	Iale DOA	OP/Emer.	KIII. 4,	SEX	
	Reno		Renown Regional Medical Center					Inpatient(Specify) Inpatient Male						Male	
DECEDENT	5. RACE (Specify)		6. Hisp	anic Origin	? Specify	7a. AGE-l	ast birthday	7b. UNDE	R 1 YEAR	7c UNDEF	1 DAY	8. DATE O	F BIRTH (M	lo/Day/Yr)	
	White		No - Non-Hispanic (Years)				MOS	DAYS	HOURS	MINS	10.				
			60					1 1	T 40 0110	10000	05:0 1414	August 15, 1956			
IF DEATH	9a. STATE OF BIRTH (If not US	S/CA, 95. 0	CITIZEN OF WHA	ZEN OF WHAT COUNTRY 10.EDUCATION 11. MARITAL STATU Marrie					us (Specify) 12. SURVIVING SPOUSE'S NAME (Last name prior to first marrial ed Lisa Kay SKOW						
OCCURRED IN INSTITUTION SEE	name country) Massachu:		Utilled States 10												
HANDBOOK REGARDING	I 13. SOCIAL SECURITY NUMBER 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of 14b. KIND OF BU														
COMPLETION OF RESIDENCE	6983	eer	Computer Forces? No												
ITEMS	15a. RESIDENCE - STATE	a. RESIDENCE - STATE 15b. COUNTY			15c. CITY, TOWN OR LOCATION 15d. ST			TREET AND NUMBER 15e. INSIDE CITY LIMITS (Specify Yes						DE CITY pecify Yes	
	Nevada	Do	ualas	İ	Minden		1026	Aspen (Grove (Circle		- 1	or No)	Yes	
					IVHITACIT						Last Suf	fix)	1	_	
PARENTS	S 16. FATHER/PARENT - NAME (First Middle Last Suffix) 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Agrican TARROY														
	Lee Cosgrove MARTIN Manori TARBOX														
	18a. INFORMANT- NAME (Type or Print) 18b. MAILING ADDRESS (Street or R.F. D. No, City or Town, State, Zip) 1026 Aspen Grove Circle Minden, Nevada 89423											N			
		C MARTIN		لــــ				n Grove	Circle IV				<u> </u>	1	
	19a. BURIAL, CREMATION, RE		ER (Specify) 19b.	CEMETER				7%	- N	19c LOC		City or To	796.	7%	
DISPOSITION	Crema	tion	ļ		Truckee I	Meadow	s Crema	tory	1		Spar	ks Neva	da 89431		
	20a. FUNERAL DIRECTOR - S	IGNATURE (OI	r Person Acting as	Such)	20b FUNERAL	DIRECTO	F 20c NAN	ME AND AC	DRESS C	F FACILITY	,				
	JOA	NN BUSA	M		LICENSE NUM	754		Tro	uckee M	leadows	Cremat	tion and	Burial	_	
	SIGNA	TURE AUTH	ENTICATED		624	7%		61	16 South	Wells Ave	nue Re	eno NV	89502		
TRADE CALL	TRADE CALL - NAME AND AD	DRESS			1		h.								
	≥ 21a To the best of my k	nowledge, deat	h occurred at the	time, date a	and place and di	ie è ii	22a, On the	basis of exa	mination ar	nd/or investig	ation, in m	yopinion de	eath occurre	d	
			-,		THENTICATE	D 음 끝	at the time,	date and pla	ce and due	to the cause	s) stated	(Signature	& Title)		
			M GONDA N			활동	W.		,						
CERTIFIER	E (2 2.2. 2.11. 2.0.1.2.2 (1.1)		21c HOUR		THE REAL PROPERTY.	Be Completed to	22b. DATI	E SIGNED	(Mo/Day/Y	r)	22c. F	OUR OF D	EATH		
	February 08, 20			21:34		_ 5 8	<u> </u>	_5_							
	21d. NAME OF ATTEN				FIER		22d PRO	NOUNCED	DEAD (M	lo/Day/Yr)	22e. F	PRONOUNG	CED DEAD	AT (Hour)	
	은병 (Type or Print)	- 2	ice W Denne	79	7	% I			\		ш.,				
	23a NAME AND ADDRESS OF								R) (Type o	r Print)	23		E NUMBER		
	04- DECIGEDAD (0)		y M Gonda M						, name 1	l lat n			14342		
REGISTRAR	24a REGISTRAR (Signature)		RMEN M MI		79	(Mo/Day/	E RECEIVE	7%		24C. UI		_		E DISEASE	
			TURE AUTHER			i.	Y Feb	ruary 10	, 2017		YES	<u> </u>	ио 🗓		
CAUSE OF	25. IMMEDIATE CAUSE	(ENTER O	NLY ONE CAUSE	PER LINE	FOR (a), (b), Al	ND (c).)	\		70/		;	Interval be	tween onse	t and death	
DEATH	PARTI (a) Ventricu	lar Fibrilla	ation			\ .	\				;				
	DUE TO, OR	AS A CONSEC	UENCE OF									Interval be	tween onse	t and death	
CONDITIONS IF	,, Cardiog	enic Shoc	ck			- 1					į			-	
ANY WHICH GAVE RISE TO		AS A CONSEC	76.			-						1-1			
IMMEDIATE .	Severe		IOLINGE OF			- /	- /				į	interval be	tween onse	t and death	
STATING THE	(C)	AS A CONSEQ	USUAS AS			-					<u>:</u>				
UNDERLYING CAUSE LAST		pneumor				/	/				- 1	Interval be	etween onse	t and death	
	(0)		No. 1796			<u> </u>	/				1				
/	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1 26 AUTOPSY (Specificant Conditions)										E				
-///	r.		The same of the sa			and the same				Ye	s or No)	No	REFERRED T (Specify Yes	O CORONER or No)	
/ /	28a. ACC , SUICIDE, HOM., UNDET OR PENDING INVEST. (Specify)	28b. DATE OF	INJURY (Mo/Day/Yr	1 128	c. HOUR OF INJU	RY 28d	DESCRIBE	HOW INJURY	OCCURRE	L		140		NO	
1 [OR PENDING INVEST. (Specify)			The same of the sa											
	28e. INJURY AT WORK (Specif	y 28f PLACE	OF INJURY- At h	ome, farm.	street, factory.	office 28	LOCATIO	N ST	REET OR	R.F.D. No.	CITY	OR TOWN	<u> </u>	STATE	
	Yes or No)	puilding, etc	. (Specify)		, ,,,	"			. 2.	- · · · ·				· · · -	
/ /		_	1		STATE	REGIS	TRAR					-			
16. 17	la contraction of the contractio														

000254063

DATE ISSUED:

CERTIFIED COPY OF VITAL RECORDS

This is a true an exact reproduction of the document officially registered and placed on file in the office of the State Reporturar and Vital Records.

SIGNATURE AUTHENTICATED

DEPUTY REGISTRAR

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