

17-

APN# 1321-32-001-002



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Walter Louis Criner

Address: 1568 Barker Ct.

City/State/Zip: Gardnerville, NV 89410

Mail Tax Statements to:

Name: Walter Louis Criner

Address: 1568 Barker Ct.

City/State/Zip: Gardnerville, NV 89410

Affidavit - Death of Joint Tenant

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

- Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)

Signature

Walter Louis Criner

Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

\$1.00 Additional Recording Fee for Use of This Page

APN: 1022-14-001-014

RECORDING REQUESTED BY:

Walter Louis Criner
1568 Barker Ct.
Gardnerville, NV 89410

AFTER RECORDATION, RETURN BY MAIL TO:

Walter Louis Criner
1568 Barker Ct.
Gardnerville, NV 89410

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT – DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss:
COUNTY OF DOUGLAS)

WALTER LOUIS CRINER, being 18 years or over, being first duly sworn, deposes and says:

The decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Elizabeth Joyce Criner named as one of the parties in that certain Grant, Bargain, Sale Deed dated November 13, 2015, executed by Walter Louis Criner and Elizabeth Joyce Criner, husband and wife as joint tenants with right of survivorship, to Walter Louis Criner (surviving tenant) and Elizabeth Joyce Criner, husband and wife, and Cary Williams, a married woman as her sole and separate property (surviving tenant), as joint tenants with right of survivorship, and recorded on December 4, 2015, as Document No. 2015-873591 of Official Records of Douglas County, State of Nevada, covering the following described real property in said County, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

Dated: 3/15/17

Walter Louis Criner
Walter Louis Criner

State of Nevada)
) ss.
County of Douglas)

Subscribed and sworn to (or affirmed) before me on this 15th day of March, 2017, by Walter Louis Criner, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Shawnyne Garren
Notary Public

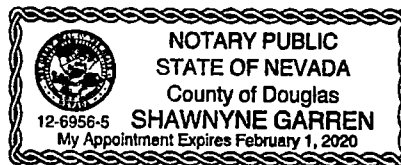


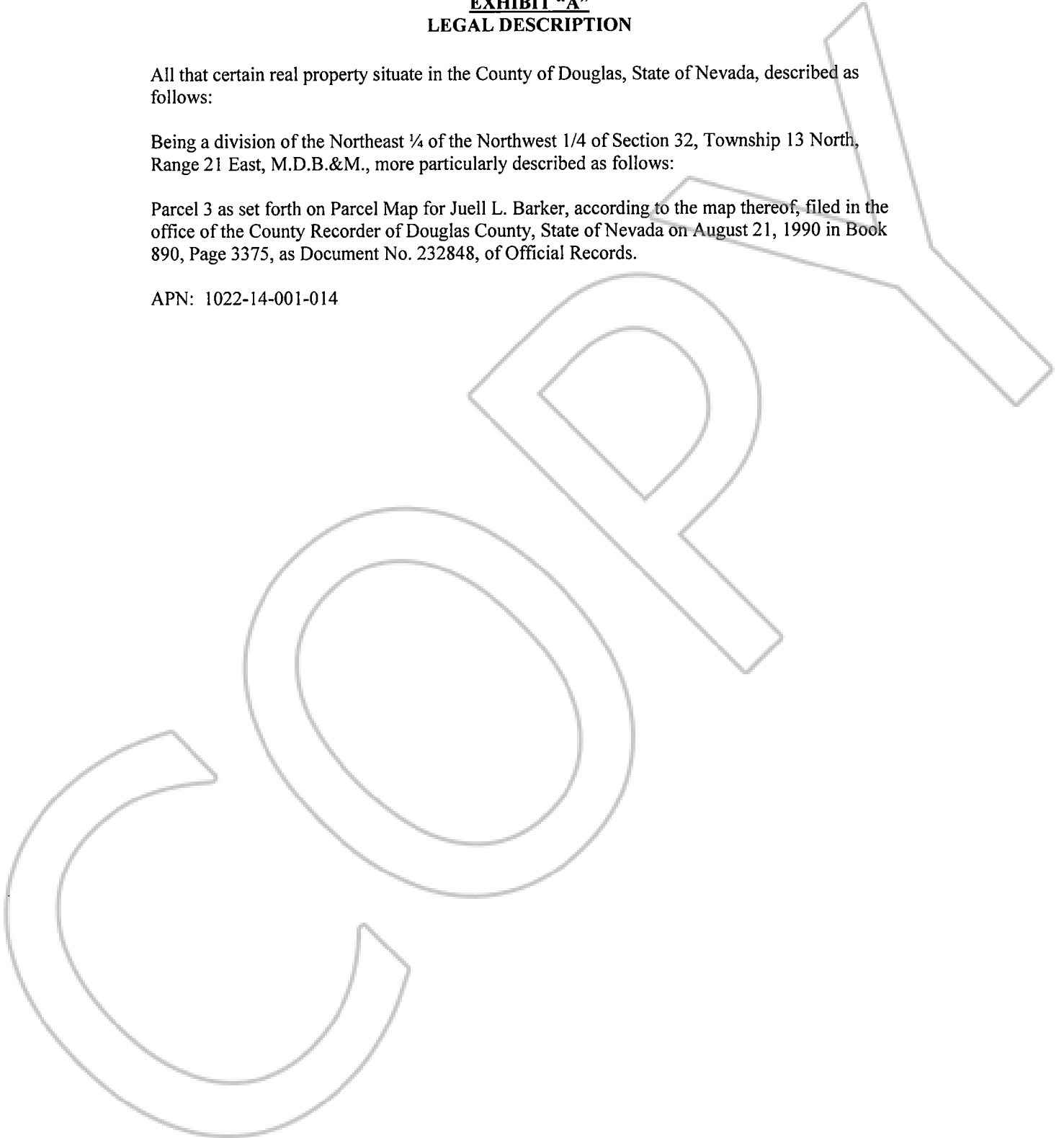
EXHIBIT "A"
LEGAL DESCRIPTION

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Being a division of the Northeast $\frac{1}{4}$ of the Northwest $\frac{1}{4}$ of Section 32, Township 13 North, Range 21 East, M.D.B.&M., more particularly described as follows:

Parcel 3 as set forth on Parcel Map for Juell L. Barker, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada on August 21, 1990 in Book 890, Page 3375, as Document No. 232848, of Official Records.

APN: 1022-14-001-014



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. 3919976

2016018898

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) Elizabeth Joyce CRINER		2. DATE OF DEATH (Mo/Day/Year) October 13, 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 and Inpatient(Specify)) 1568 Barker Ct. Home		4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 78	7b. UNDER 1 YEAR MOS DAYS HOURS MINS	7c. UNDER 1 DAY HOURS MINS
8. DATE OF BIRTH (Mo/Day/Yr) April 29, 1938		9a. STATE OF BIRTH (if not US/CA, name country) Illinois		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 17		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Walter CRINER	
13. SOCIAL SECURITY NUMBER ██████-1518		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) School Teacher		14b. KIND OF BUSINESS OR INDUSTRY Education	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville	15d. STREET AND NUMBER 1568 Barker Ct.	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles Fredrick WILLIAMS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Alexzynne SHEPHARD		
18a. INFORMANT-NAME (Type or Print) Walter CRINER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1568 Barker Ct. Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917	20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N 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) SIGNATURE AUTHENTICATED NITA SCHWARTZ 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) October 19, 2016		21c. HOUR OF DEATH 04:40		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) Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703			
23b. LICENSE NUMBER 9114		24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 19, 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) Bladder Cancer With Metastasis DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)					Interval between onset and death
PART II) OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					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



CERTIFIED COPY OF VITAL RECORDS

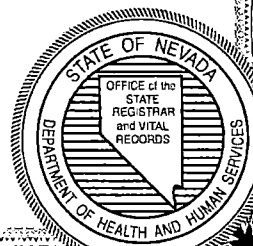
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 10/21/2016

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

Cody Phinney
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE