

17-

APN: 1320-30-112-016

**Recording Requested By:**

Name: Robert J. Wines, Prof. Corp.

Address: 687 6<sup>th</sup> Street, Suite 1

City, State, Zip: Elko, NV 89801

**Send Tax Statement To:**

Name: Priscilla McAbee, et. al.

Address: 532 Cripple Creek Drive

City, State, Zip: Spring Creek, NV 89815



KAREN ELLISON, RECORDER

Affidavit Terminating Joint Tenancy  
(Title of Document)

**Please complete the cover page, check one of the following and sign below.**

I the undersigned hereby affirm that this document submitted for recording does not contain a social security number.

OR

I the undersigned hereby affirm that this document submitted for recording contains a social security number of a person as required by law:  
440.380.1a; 111.721

ROBERT J. WINES

Attorney

Title

APN: 1320-30-112-016

Send Tax Bill to:

Priscillo S. Punsalang  
% Priscilla McAbee  
532 Cripple Creek Dr.  
Spring Creek, NV 89815

**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF NEVADA        )  
                                      : ss.  
COUNTY OF ELKO        )

PRISCILLO S. PUNSALANG, being first duly sworn, deposes and says:

That Affiant is one of the parties in that certain Grant, Bargain and Sale Deed, dated August 6, 1998, wherein F. WILLIAM DRISCOLL, an unmarried man, First Party, granted to PRISCILLO S. PUNSALANG and ADELAIDA H. PUNSALANG, husband and wife as joint tenants; conveying those certain lots, pieces or parcels of land situate in the County of Douglas, State of Nevada, more particularly described as follows:

Unit 16, as set forth on the Final Map of WESTWOOD PARK NO. III, a Planned Unit Development, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on November 29, 1989, in Book 1189, Page 3658, as Document No. 215633

TOGETHER WITH an undivided 1/18th interest in and to the common area lying within the interior lines as set forth on Final Map of WESTWOOD PARK NO. III, a Planned Unit Development, filed for record in the Office of the County Recorder of Douglas County, State of Nevada on November 29, 1989, in Page 3658, as Document No. 215633.

TOGETHER WITH any and all buildings and improvements situate thereon.

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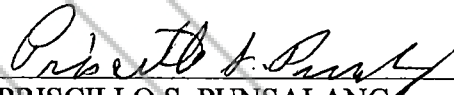
TOGETHER WITH the tenements, hereditament and appurtenances thereunto belonging or in anywise appertaining, the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

SUBJECT TO all conditions, covenants, easements, exceptions, reservations, restrictions, and rights of way of record.

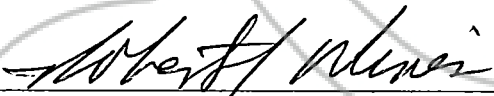
That said Deed was recorded on August 10, 1998, in Book 0898, Page 1986, as File No. 0446785, Official Records, Douglas County Nevada Recorder's Office.

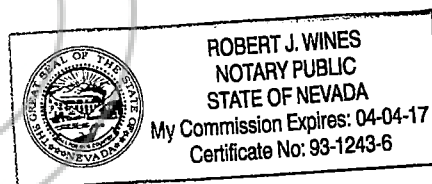
That the said ADELAIDA H. PUNSALANG, one of the parties named in the aforesaid Deed, died in Gardnerville, County of Douglas, State of Nevada, on December 20, 2015, and is the identical person named as ADELAIDA H. PUNSALANG in that Certificate of Death, duly certified, attached hereto; that said certified copy of Certificate of Death is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth.

FURTHER AFFIANT SAITH NOT.

  
PRISCILLO S. PUNSALANG

SUBSCRIBED AND SWORN TO  
before me, by PRISCILLO S. PUNSALANG  
this 16<sup>th</sup> day of March, 2017.

  
NOTARY PUBLIC  
Commission Expires 4/9/17



**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. 3869241

2015022131  
STATE FILE NUMBER

<b>TYPE OR PRINT IN PERMANENT BLACK INK</b>	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Adelaida H PUNSALANG</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 20, 2015</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>Gardnerville Health and Rehab Nursing Home</b>		4. SEX <b>Female</b>		
<b>DECEDENT</b>	5. RACE <b>Filipino</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>90</b>		
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>December 06, 1925</b>		
<b>IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS</b>	9a. STATE OF BIRTH (If not U.S.A., Philippines) <b>Philippines</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>7</b>		
	11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Priscillo S PUNSALANG</b>				
<b>PARENTS</b>	13. SOCIAL SECURITY NUMBER <b>██████████-4675</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Homemaker</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>Minden</b>		
<b>DISPOSITION</b>	15d. STREET AND NUMBER <b>1765 Heather Circle</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>				
	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>German HULGUIN</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Juana ALONSO</b>			
<b>TRADE CALL</b>	18a. INFORMANT- NAME (Type or Print) <b>Priscilla MCABEE</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>532 Cripple Creek Dr, Spring Creek, Nevada 89815</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>		
<b>CERTIFIER</b>	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenrys Funeral Home</b> <b>3945 Fairview Dr Carson City NV 89701</b>		
	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>VIJAY MAIYA MD</b> SIGNATURE AUTHENTICATED						
<b>REGISTRAR</b>	21b. DATE SIGNED (Mo/Day/Yr) <b>December 22, 2015</b>		21c. HOUR OF DEATH <b>12:00</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)		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		
<b>CAUSE OF DEATH</b>	21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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>Vijay Maiya MD 1573 Mathias Pkwy Gardnerville, NV 89410</b>				23b. LICENSE NUMBER <b>11909</b>		
<b>CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST</b>	24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 23, 2015</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>Cardiopulmonary Arrest</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Adult Failure To Thrive</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Acute Renal Failure</b> DUE TO, OR AS A CONSEQUENCE OF: (d)						
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Unknown Etiology</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	
28a. 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

606968

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.

*Rud White*  
SIGNATURE AUTHENTICATED  
STATE REGISTRAR

DATE ISSUED: 12/30/2015

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

