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APN: 1022-16-001-018



00054196201708976090030030
KAREN ELLISON, RECORDER

When Recorded Mail Documents TO:

Connie Reeves Richardson
P.O Box 968
Minden Nevada, 89423

AFFIDAVIT - TERMINATION OF JOINT TENANT
Death of a Joint Tenant

I, Connie Reeves Richardson

the Affiant, being of legal age, and being first duly sworn, deposes and says:

That Berle Straight

the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as,

Michael Straight

named as one of the parties in that certain (type of deed) Tax Sale Deed

dated on the 30th day of January, 2014 and executed by Douglas County Clerk-Treasurer _____

known as Grantor(s) to Michael Straight and Connie Reeves Richardson

known as Grantees, as joint tenants, and recorded as instrument number: 0837724
on the 3rd day of February, 2014 in Book 0214 Page 223 of Official Records of Douglas County, Nevada,
covering the following described property situated in the City of Wellington, County of Douglas, State of
Nevada.

(Set forth legal description and commonly known address)

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

EXHIBIT "A"

Lot 179, as shown on the of TOPAZ RANCH ESTATES UNIT NO 2, as filed in the office of the County
Recorder of Douglas County, Nevada on February 20, 1967, in Book 1 of Maps as Document No. 35464,
Official Records.

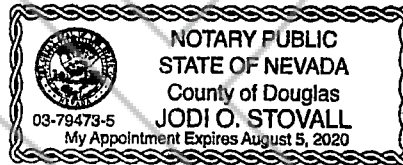
Affidavit-Termination of Joint Tenant
(attached)

State of Nevada
County of Douglas County

This instrument was acknowledged by me on April 20, 2017, by Connie Reeves Richardson.

Connie Reeves Richardson
Connie Reeves Richardson

Jodi O. Stovall
(Signature of notarial officer)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3900363

CERTIFICATE OF DEATH

2016016479

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) Berie Lavon STRAIGHT		2. DATE OF DEATH (Mo/Day/Year) June 19, 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 address) Carson Valley 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) 82		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) March 14, 1934		9a. STATE OF BIRTH (if not US/CA, name country) Montana		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER ████████-7181		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Union	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1350 Toiyabe Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Westley William STRAIGHT			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Vera COCHLIN		
18a. INFORMANT - NAME (Type or Print) Connie RICHARDSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 968 Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 823		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street 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) George L Schramm		21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. DATE SIGNED (Mo/Day/Yr) September 14, 2016		22b. HOUR OF DEATH 21:00	
22c. PRONOUNCED DEAD (Mo/Day/Yr) June 19, 2016		22d. PRONOUNCED DEAD AT (Hour) 21:00			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) George L Schramm P O Box 218 Minden, NV 89423				23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 14, 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				Interval between onset and death	
(a) Complications Of A Femur Fracture				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Aspiration Pneumonia				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Atrial Fibrillation				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Dehydration				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) ACCIDENT			
28b. DATE OF INJURY (Mo/Day/Yr) June 13, 2016		28c. HOUR OF INJURY 0700		28d. DESCRIBE HOW INJURY OCCURRED Decedent Fell Out Of Bed, Was Unable To Care For Himself For A Prolonged Period Of Time	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Residence		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 1350 Toiyabe Ave Gardnerville Nevada	

STATE REGISTRAR



CERTIFIED COPY OF VITAL RECORDS

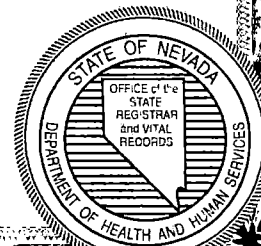
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 9/19/2016

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

Cody Schramm
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE