

16

APN# 1420-28-410-028



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:
Name: GERALDINE M. ELWOOD
Address: PO BOX 3650
City/State/Zip: CARSON CITY, NV 89702

Mail Tax Statements to:
Name: GERALDINE M. ELWOOD
Address: PO BOX 3650
City/State/Zip: CARSON CITY, NV 89702

Affidavit-Termination of Joint Tenancy (Death of a 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)

Geraldine M. Elwood

Signature

GERALDINE M. ELWOOD

Printed Name

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

APN: 1420-28-410-028

WHEN RECORDED RETURN TO:

GERALDINE M. ELWOOD
PO BOX 3650
CARSON CITY, NV 89702

MAIL TAX STATEMENTS TO:

GERALDINE M. ELWOOD
PO BOX 3650
CARSON CITY, NV 89702

Affidavit-Termination of Joint Tenancy (Death of a Joint Tenant)

I, GERALDINE M. ELWOOD, the affiant, as wife of RICHARD NELSON ELWOOD, Deceased, and being first duly sworn, deposes and says:

1. That RICHARD NELSON ELWOOD passed away on September 21, 2016.
2. That RICHARD NELSON ELWOOD, the decedent mentioned in the attached certified copy Certificate of Death, is the same person as RICHARD N. ELWOOD named as one of the parties in that certain *Deed* recorded December 31, 1984 and executed by NANNETTE MOFFETT, as "Party of the First Part" or Grantor, to RICHARD N. ELWOOD and GERALDINE M. ELWOOD as "Parties of the Second Part" or Grantees, as joint tenants with right of survivorship, and recorded in Book 1284 page 2886, as Document No.: 111753, of official Records of Douglas County, Nevada, covering the following described property situate in the County of Douglas, State of Nevada, described as follows:

"Lot 23, as shown on the map of COCHRAN ESTATES UNIT NO. 1, filed in the office of the County Recorder of Douglas County, State of Nevada, on December 23, 1970, as Document No. 50690."

[NOTE NRS111.312: The above metes and bounds legal description appeared previously in that certain Deed, recorded in the office of the County Recorder of Churchill County Nevada on 12/31/1984, as Document No.: 111753 book 1284 page 2886 of Official Records]

In witness whereof I have hereunto set my hand this April 28, 2017.

Affiant Signature:

Geraldine M. Elwood

GERALDINE M. ELWOOD
PO BOX 3650
CARSON CITY, NV 89702

STATE OF NEVADA)
)ss.

COUNTY OF Carson City)

This instrument was acknowledged before me on this 28th day of April, 2017, by GERALDINE M. ELWOOD.



[Signature]

Notary Public

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

CASE FILE NO. 3917394

2016017626

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) Richard Nelson ELWOOD		2. DATE OF DEATH (Mo/Day/Year) September 21, 2016		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and Inpatient(Specify) Life Care Center of Reno Nursing Home		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 76	7b. UNDER 1 YEAR MOS	7c. UNDER 1 DAY DAYS HOURS MINS
8. DATE OF BIRTH (Mo/Day/Yr) April 24, 1940		9a. STATE OF BIRTH (if not US/CA, name country) Michigan		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Geraldine Mabel POLCZYNSKI	
13. SOCIAL SECURITY NUMBER 6561		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Maintenance Worker		14b. KIND OF BUSINESS OR INDUSTRY Building	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Minden	15d. STREET AND NUMBER 1235 Esther Way	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16 FATHER/PARENT - NAME (First Middle Last Suffix) Franklin Nelson ELWOOD			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Grace Lillian ARNOLD		
18a. INFORMANT - NAME (Type or Print) Geraldine M. ELWOOD		18b. MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) 1235 Esther Way Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DENICE PORTILLO SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 872	20c. NAME AND ADDRESS OF FACILITY Walton's Funeral Home, Reno 875 West Second St Reno NV 89503		
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 DAVID JULIAN 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) September 29, 2016		21c. HOUR OF DEATH 14:42		22b. DATE SIGNED (Mo/Day/Yr)	
21d. 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) David Julian M.D. 1155 Mill St Reno, NV 89502				23b. LICENSE NUMBER 11920	
24a. REGISTRAR (Signature) SANDI BRIDGES SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 30, 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) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (c) Aspiration, End Stage Failure To Thrive DUE TO, OR AS A CONSEQUENCE OF: (d) Cause Otherwise Unknown				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	
27. WAS CASE REFERRED TO CORONER (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	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

VRS-Rev-20120523a

000238936

CERTIFIED COPY OF VITAL RECORDS

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

9/30/2016

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

