



KAREN ELLISON, RECORDER

A.P.N.: 1220-15-110-035
File No: none

When Recorded return to, and mail Tax Statements to:
Cody Wayne Blanks
P.O. Box# 1134
Gardnerville, Nevada 89410

AFFIDAVIT - TERMINATING JOINT TENANCY

Cody Wayne Blanks, of legal age, being first duly sworn, deposes and says:

That **Thomas Wayne Blanks**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Thomas Wayne Blanks** named as one of the parties in that certain **Quitclaim Deed** dated **June 22, 2006** executed by **Thomas Wayne Blanks and Dianne Lynn Six (Blanks)** to **Thomas Wayne Blanks and Cody Wayne Blanks** as joint tenants, recorded as Document No. **0680283** on **7/21/2006** in Book **0706, page 7423** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

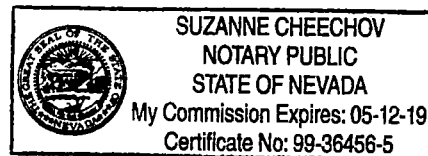
Lot 481 as shown on the map of the re-subdivision of Lots 91 A & B, 92- A & B 93 through 96, and 221 through 232, Gardnerville Ranchos Unit No. 2, filed in the office of the County Recorder of Douglas County, State of Nevada, on July 10, 1962, as Document no. 37049.

Dated: June 1, 2017

Cody Wayne Blanks
Cody Wayne Blanks

STATE OF **NEVADA**)
)
) :SS.
COUNTY OF **DOUGLAS**)

This instrument was acknowledged before me on this:
1st day of JUNE, 2017



By: **Cody Wayne Blanks**

Suzanne Cheechov

Notary Public
(My commission expires: 5-12-2019)

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2008008701
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Thomas Wayne BLANKS		2. DATE OF DEATH (Mo/Day/Year) June 03, 2008		3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Carson Tahoe Regional Medical Center		3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 62		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) December 06, 1945		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (if wife, give maiden name)	
PARENTS	13. SOCIAL SECURITY NUMBER [REDACTED] 7696		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Carpenter		14b. KIND OF BUSINESS OR INDUSTRY Housing	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1441 Evening Star Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER - NAME (First Middle Last Suffix) Duddly Jackson BLANKS	
	17. MOTHER - NAME (First Middle Last Suffix) Joy SHELLADY		18a. INFORMANT- NAME (Type or Print) Gerald BLANKS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 142 Artist View Wellington, Nevada 89444	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89501	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) ROBERT RUTTEN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 815		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 390 E. Moana Ln. Suite D1 Reno NV 89502	
CERTIFIER	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 JOSE AGUIRE MD		21b. DATE SIGNED (Mo/Day/Yr) June 06, 2007		21c. HOUR OF DEATH 23:59	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	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) Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703		23b. LICENSE NUMBER 11479		24a. REGISTRAR (Signature) SARAH KOERNER SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 06, 2008		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	
	25. IMMEDIATE CAUSE (a) Anoxic Brain Injury		25. IMMEDIATE CAUSE (b) Hypoxia		25. IMMEDIATE CAUSE (c) Chronic Obstructive Pulmonary Disease, Exacerbation	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (d) _____		25. IMMEDIATE CAUSE (e) _____		25. IMMEDIATE CAUSE (f) _____	
	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	
549306	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		28g. LOCATION STREET OR R.F.D. No.		28g. LOCATION CITY OR TOWN		
28g. LOCATION STATE		28g. LOCATION STATE		28g. LOCATION STATE		

STATE REGISTRAR

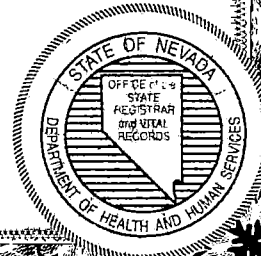
216879 CERTIFIED COPY OF VITAL RECORDS

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: **12/2008**

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-2008T