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APN 1022-16-001-038



KAREN ELLISON, RECORDER

Recording requested by:  
Nancy Rey Jackson, Ltd.  
1591 Mono Avenue  
Minden, NV 89423

Mail documents and tax statements to:  
Cristie Rebiejo  
3750 Sandstone Drive  
Wellington, NV 89444

I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law. (Per NRS 239B.030(4))

(State specific law):

NRS 440.090 Requisites of certificates.

NRS 440.380(1)(a) Medical certificate of death: Signature; contents

NRS 40.525(5) Death certificate attached to affidavit

**AFFIDAVIT OF TERMINATION OF JOINT TENANCY**

Pursuant to the Order Authorizing Transfer of Real Property entered in the Ninth Judicial District Court, in and for Douglas County, State of Nevada, on June 12, 2017, and recorded in the Official Records of Douglas County on June 15 2017, as Document No. 2017-899983, CRISTIE F. REBIEJO, the undersigned Administrator of the Estate of CAROL ELIZABETH JOHNSON, of legal age, being duly sworn, deposes and says:

1. That TOMMY JOHNSON, the decedent mentioned in the attached certified copy of certificate of death, is the same person as TOMMY JOHNSON, one of the parties named in that certain Deed dated March 20, 1982, executed by LOUIS R. OAKS and JESSIE OAKS to TOMMY JOHNSON and CAROL E. JOHNSON, husband and wife as joint tenants with right of survivorship, recorded as Instrument No. 66221, on March 25, 1982, in Book 382 at Page 1747 of Official Records of Douglas County, Nevada, concerning the following described property commonly known as 1404 Topaz Ranch Drive, Wellington, Nevada:

**Being all of Lot 15, in Block M, as shown on the map entitled TOPAZ RANCH ESTATES, UNIT NO. 4, filed for record November 16, 1970, in the office of the County Recorder of Douglas County, Nevada, as Document No. 50212.**


**Assessor's Parcel No. 1022-16-001-038**

**[Prior] Assessor's Parcel No. 37-392-05-7**

**Together with** the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining or used in connection therewith, and the reversion and reversions, remainder and remainders, rents, issues, and profits thereof.

2. That this affidavit is executed and recorded for the purpose of terminating the interest of TOMMY JOHNSON in and to the hereinabove-described real property.

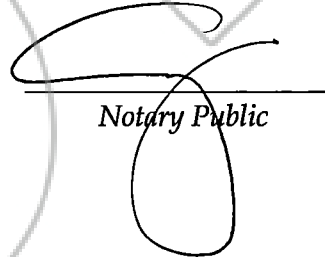
DATED June 12, 2017.

  
CRISTIE F. REBIEJO, Administrator of the  
Estate of CAROL ELIZABETH JOHNSON

STATE OF NEVADA        }  
COUNTY OF DOUGLAS    }

On June 12, 2017, before me, a Notary Public, personally appeared CRISTIE F. REBIEJO, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity.

WITNESS my hand and official seal.

  
Notary Public



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

2007010074  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME FIRST Tommy			1b. MIDDLE JOHNSON			1c. LAST JOHNSON			2. DATE OF DEATH (Mo/Day/Year) November 11, 2007			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			4. SEX Male		
DECEDENT	5. RACE (e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic			7a. AGE-Last birthday (Years) 72			7b. UNDER 1 YEAR MOS DAYS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) September 27, 1935		
	9a. STATE OF BIRTH (If not U.S.A., name country) Oregon			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 14			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Carol REBIEJO					
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER ██████████ 4710						14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Fireman						14b. KIND OF BUSINESS OR INDUSTRY Fire Department					
	15a. RESIDENCE - STATE Nevada			15b. COUNTY Douglas			15c. CITY, TOWN OR LOCATION Wellington			15d. STREET AND NUMBER 1404 Topaz Ranch Road			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
PARENTS	16. FATHER - NAME (First Middle Last Suffix) Mike JOHNSON						17. MOTHER - NAME (First Middle Last Suffix) Arlene SAVINE											
	18a. INFORMANT - NAME (Type or Print) Carol JOHNSON						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1404 Topaz Ranch Road Wellington, Nevada 89444											
DISPOSITION	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) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE 217			20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701											
TRADE CALL	TRADE CALL - NAME AND ADDRESS																	
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) <b>SIGNATURE AUTHENTICATED JOSE AGUIRRE D.O.</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)											
	21b. DATE SIGNED (Mo/Day/Yr) November 19, 2007			21c. HOUR OF DEATH 00:50			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH			22d. PRONOUNCED DEAD (Mo/Day/Yr)			22e. PRONOUNCED DEAD AT (Hour)		
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jose Aguirre D.O. 1600 Medical Parkway Carson City, NV 89703									23b. LICENSE NUMBER 11479								
	24a. REGISTRAR (Signature) <b>SARAH KOERNER</b> SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 19, 2007			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))																	
	PART I (a) Asystole						Interval between onset and death											
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death											
	(b) Metastatic Colon Cancer						Interval between onset and death											
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death												
(c) Acute Renal Failure						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

178212

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:

11/20/2007

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

SIGNATURE AUTHENTICATED

