

APN# 1420-29-715-013

Recording Requested by:

Name: First American Title Insurance Company
Address: 1663 US Highway 395, Suite 101
City/State/Zip: Minden, NV 89423
Order Number: 143-2524076

Affidavit- Terminating Joint Tenancy
(Title of Document)

(for Recorder's use only)

Recorder Affirmation Statement

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 239B.030 Section 4
(State specific law)

Emily Tobias Agent
Signature Title

Emily Tobias
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)

A.P.N.: 1420-29-715-013
File No: 143-2524076 (mk)

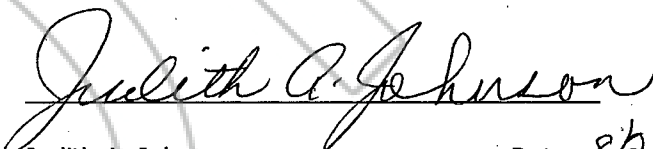
When Recorded return to, and mail Tax Statements to:
Judith Johnson

AFFIDAVIT - TERMINATING JOINT TENANCY

Judith A. Johnson, of legal age, being first duly sworn, deposes and says:

That **George C. Johnson**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **George C. Johnson** named as one of the parties in that certain **Grant Bargain Sale Deed** dated **April 5, 2006** executed by **Merrill Construction Inc.**, to **George C. Johnson and Judith A. Johnson, husband and wife** as joint tenants, recorded as Document No. **0673758** on **April 28, 2006** in Book **0406** of Official Records of **Douglas** County, **Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

LOT 337, IN BLOCK E, AS SHOWN ON THE FINAL MAP #PD99-02-08 OF SARATOGA SPRINGS ESTATES UNIT 8, A PLANNED DEVELOPMENT, FILED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER ON OCTOBER 18, 2004, AS DOCUMENT NO. 626992.

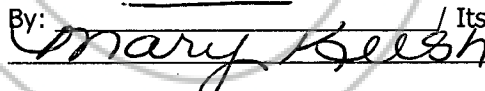

Judith A. Johnson

Date 8/21/17

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

This instrument was acknowledged before me on this:
21st day of August, 2017

By: **Judith A. Johnson**

By:  / Its: _____
Notary Public

(My commission expires: 11-6-2018)



CERTIFICATION OF VITAL RECORD

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

2011008791
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) George C JOHNSON		2. DATE OF DEATH (Mo/Day/Year) May 29, 2011		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 number) St Mary's Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 68		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) June 02, 1942	
9a. STATE OF BIRTH (If not U.S.A., name country) Indiana		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Judith A TODD		13. SOCIAL SECURITY NUMBER [REDACTED] 9118	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Engineer		14b. KIND OF BUSINESS OR INDUSTRY Government		Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1113 San Marcos Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Edward C JOHNSON	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Frances CHAMBERLIN		18a. INFORMANT- NAME (Type or Print) Judith A JOHNSON		18b. MARITAL ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1113 San Marcos Circle Minden, Nevada 89423	
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) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY Fitzhenrys Funeral Home 3945 Fairview Dr Carson City NV 89701	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) MUSA KHALIGI SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) June 01, 2011		21c. HOUR OF DEATH 17:15	
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)	
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) MUSA KHALIGI 235 W. 6th St. Reno, NV 89503				23b. LICENSE NUMBER 13252	
24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 09, 2011		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) Subdural hemorrhage with transtentorial herniation DUE TO, OR AS A CONSEQUENCE OF: (b) Acute respiratory failure due to thrombolytic therapy DUE TO, OR AS A CONSEQUENCE OF: (c) Left pneumothorax due to central line placement DUE TO, OR AS A CONSEQUENCE OF: (d)				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) 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

RAISED SEAL

390538

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:

06/13/2011

R. Bridges Sandi
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

VRS-Rev-20110104

