

APN# 1320-32-212-009

Recording Requested by:

Name: First American Title Insurance Company

Address: 1663 US Highway 395, Suite 101

City/State/Zip: Minden, NV 89423

Order Number: 143-2523894

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)

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

This instrument was acknowledged before me on this:
12th day of October, 2017

By: **Romelle M. Cronin**

Mary Kelsh

Notary Public

(My commission expires: 11-6-18)



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

ROLL 117 IMAGE 399

574

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

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		574		STATE FILE NUMBER	
DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
1. Martin Anthony CRONIN			2. February 18, 2005		3a. Washoe
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	SEX
3b. Reno		3c. Washoe Medical Center		3e. Inpatient	4. Male
RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)
5. White	6.	7a. 48	7b.	7c.	8. October 3, 1956
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)	
9a. Connecticut	9b. U.S.A.	10. 16 Years	11. Married	12. Romelle Moss	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
13. 7387		14a. Teacher		14b. Education	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
15a. Nevada	15b. Douglas	15c. Minden		15d. 1538 Deseret Dr.	15e. Yes
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
16. Robert Cronin			17. Lois McClure		
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
18a. Romelle Cronin - Wife			18b. 1538 Deseret Drive, Minden, Nevada 89423		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Cremation		19b. FitzHenry's Crematory		19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY		
20a. <i>[Signature]</i>		20b. 217	20c. Home, 1380 Hwy 395, Gardnerville, Nevada 89410		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 21b. 2-24-05			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) and manner stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 22b.		
21c. 2200			22c.		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON		
21d.			22e. AT		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)					LICENSE NUMBER
23a. DEBRA MOORE 77 PRINGLE WAY RENO, NV 89502					23b. 10291
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. (Signature) <i>[Signature]</i> Dep.		24b. February 24, 2005		24c. 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) CARDIOPULMONARY ARREST				Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
	(b) ACUTE RENAL FAILURE				Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
PART II	(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.				AUTOPSY (Specify Yes or No)
	HYPOKALEMIA, SEPTIC SHOCK				26. No
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	
28a.		28b.	28c.	28d.	
28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.	STREET OR R.F.D. No. CITY OR TOWN STATE
28f.				28g.	



STATE REGISTRAR

No. 283630

This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar: *Barbara Lee Hunt*

Date: **MAR 10 2005**