

A.P.N.: 1220-21-710-245
File No: 143-2534580 (mk)

When Recorded return to, and mail Tax Statements to:

*Karen Dyer
1000 Harvest Creek Rd
Bakersfield, CA 93312*

AFFIDAVIT - TERMINATING JOINT TENANCY

Karen S. Dyer, of legal age, being first duly sworn, deposes and says:

That **Robert Kenneth Dyer**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Robert Kenneth Dyer** named as one of the parties in that certain **Grant Bargain Sale Deed** dated **3-17-2016** executed by **Mikel D. Camper, an unmarried man and Tinka Tang, an unmarried woman** to **Karen S. Dyer** as joint tenants, recorded as Document No. **2016-878290** on **3-18-2016** in Book **N/A** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

LOT 58, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 7, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON MARCH 27, 1974 IN BOOK 374, PAGE 676 AS DOCUMENT NO. 72456.

Karen S. Dyer

Karen S. Dyer

Date

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

This instrument was acknowledged before me on this:
24th day of January, 2018

By: **Karen S. Dyer**

By: *Mary Kelsh* Its: _____

Notary Public

(My commission expires: 11-6-2018)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 3964189

CERTIFICATE OF DEATH

2017012061
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) Robert Kenneth DYER		2. DATE OF DEATH (Mo/Day/Year) June 25, 2017		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or apt)(Specify) 671 Joette Dr Home		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 80	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS
9a. STATE OF BIRTH (If not US/CA, name country) South Dakota		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	11. MARITAL STATUS (Specify) Married
13. SOCIAL SECURITY NUMBER ██████████ 2787		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Casino	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Keren YOUNG
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville	15d. STREET AND NUMBER 671 Joette Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles DYER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ardyth LINDSEY		
18a. INFORMANT - NAME (Type or Print) Karen DYER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 671 Joette Dr Gardnerville, Nevada 89460			
18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		18b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CRAIG R COLEMAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD921	20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410		
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) NITA SCHWARTZ MD SIGNATURE AUTHENTICATED			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) June 28, 2017		21c. HOUR OF DEATH 20:25		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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703					23b. LICENSE NUMBER 9114
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 28, 2017		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) Alzheimers Dementia				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(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 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

000679448



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: 7/3/2017

Coyle D. Higgins
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

