

DOUGLAS COUNTY, NV **2018-914828**
Rec:\$35.00
\$35.00 Pgs=4 05/30/2018 10:40 AM
FIRST AMERICAN TITLE MINDEN
KAREN ELLISON, RECORDER

APN# 1320-29-214-007

Recording Requested by:

Name: First American Title Insurance Company
Address: 1663 US Highway 395, Suite 101
City/State/Zip: Minden, NV 89423
Order Number: 143-2541164

Affidavit Terminating Joint Tenancy (for Recorder's use only)
(Title of Document)

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 Sec 4
(State specific law)

M Kelsh EO
Signature Title

M Kelsh
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.: 1320-29-214-007
File No: 143-2541164 (mk)

When Recorded return to, and mail Tax Statements to:

Janice Rice
PO Box 1994
Minden, NV 89423

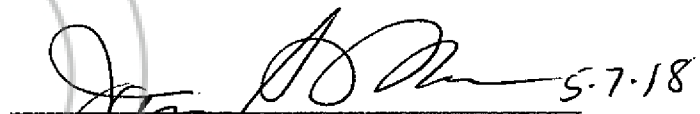
AFFIDAVIT - TERMINATING JOINT TENANCY

Janice Rice, of legal age, being first duly sworn, deposes and says:

That **Karal J. Dujmovich**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Karal J. Dujmovich** named as one of the parties in that certain **Grant Bargain Sale Deed** dated **12-6-1993** executed by **Vernon H. Marlow and Barbara F. Marlow** to **John A. Dujmovich and Karal J. Dujmovich** as joint tenants, recorded as Document No. **325633** on **12-22-1993** in Book **1293** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

LOT 22, AS SHOWN ON THE OFFICIAL PLAT OF WINHAVEN, UNIT NO. 2 PHASE B, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER, RECORDED SEPTEMBER 14, 1990, IN BOOK 990 OF OFFICIAL RECORDS, AS PAGE 1935, DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 234655.

TOGETHER WITH AN UNDIVIDED 1/8TH INTEREST IN AND TO THE COMMON AREA AS SET FORTH ON THE HEREINABOVE MENTIONED SUBDIVISION.



Janice Rice, Personal Representative Date

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

This instrument was acknowledged before me on this:

7th day of May 2018

By:

By: Janice Rice / Its: personal
representative of the estate of
John A. Dumovich

Notary Public

(My commission expires: 11-6-18)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2007008940

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME FIRST Karal		1b. MIDDLE J	1c. LAST DUJMOVICH		2. DATE OF DEATH (Mo/Day/Year) October 18, 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) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) Inpatient		4. SEX Female		
DECEDENT	5. RACE - (e.g., White, Black, American Indian) (Specify) White		6. Was Decedent of Hispanic Origin? No If yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic		7a. AGE - Last birthday (Years) 78		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
	8. DATE OF BIRTH (Mo/Day/Yr) May 08, 1929		9a. STATE OF BIRTH (If not U.S.A.) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	12. SURVIVING SPOUSE (if wife, give maiden name) John A DUJMOVICH		13. SOCIAL SECURITY NUMBER [REDACTED]-0018		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Years) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home			
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden		15d. STREET AND NUMBER 1753 Tulp Court		15e. INSIDE CITY LIMITS (Specify Yes or No) No	
PARENTS	16. FATHER - NAME (First Middle Last Suffix)				17. MOTHER - NAME (First Middle Last Suffix)					
	18a. INFORMANT - NAME (Type or Print) John A DUJMOVICH				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1753 Tulp Court Minden, Nevada 89423					
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation				19b. 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) RICK NOEL SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE NUMBER 820		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City NV 89703			
TRADE CALL	TRADE CALL - NAME AND ADDRESS									
CERTIFIER	21a. To be Completed by CERTIFYING PHYSICIAN 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 THOMAS MERRY M.D.					22a. To be Completed by CORONER'S OFFICE 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) October 24, 2007		21c. HOUR OF DEATH 18:50			22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER					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): THOMAS MERRY M.D. 1649 Lucerne St. Suite A & B Minden, NV 89423								23b. LICENSE NUMBER 7634	
CAUSE OF DEATH	24a. REGISTRAR (Signature) MIKE NEUMANN SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 25, 2007		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 (a) Cardiorespiratory Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Cardiac Valvular Disease DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part 1.									
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY		26d. DESCRIBE HOW INJURY OCCURRED			
	26e. INJURY AT WORK (Specify Yes or No)		26f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		26g. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN	

STATE REGISTRAR

000667594



CERTIFIED COPY OF VITAL RECORDS

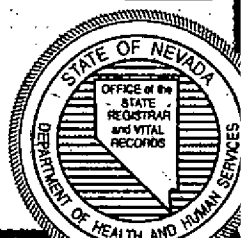
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

APR 03 2017

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

Cody R. Priney



VRS-Rev-E3v