

APN# 1022-09-001-082

Recording Requested by:

Name: First American Title Insurance Company
Address: 1663 US Highway 395, Suite 101
City/State/Zip: Minden, NV 89423
Order Number: 143-2542124

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 Sec 4
(State specific law)

Mikelsh EO
Signature **Title**

Mikelsh
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.: 1022-09-001-082
File No: 143-2542124 (mk)


When Recorded return to, and mail Tax Statements to:
Sharon Ferris
3755 Ballman Way
Wellington NV 89444

AFFIDAVIT - TERMINATING JOINT TENANCY

Sharon E. Ferris, of legal age, being first duly sworn, deposes and says:

That **William Ferris Jr.**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **William Ferris Jr.**, named as one of the parties in that certain **Grant Bargain Sale Deed** dated **3-27-1987** executed by **John and Darlene Outhuys** to **Sharon E. Ferris and William Ferris Jr.**, as joint tenants, recorded as Document No. **154129** on **5-1-1987** in Book **587** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

LOT 76, AS SHOWN ON THE MAP OF TOPAZ RANCH ESTATES UNIT NO 3, FILED IN THE OFFICE OF THE COUNTY RECORDER, ON MARCH 31, 1969, AS DOCUMENT NO. 44091, DOUGLAS COUNTY RECORDS.



Sharon E. Ferris

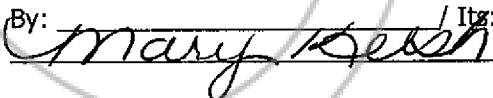
Date

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

This instrument was acknowledged before me on this:

18 day of June, 2018

By: **Sharon E. Ferris**

By:  / Itg: _____

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

2015003936
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) William FERRIS JR			2. DATE OF DEATH (Mo/Day/Year) February 27, 2015		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Wellington		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or 3755 Ballman Way		3e. If Hosp or Inst. indicate DOA,OP,Emer. Rm Home		4 SEX Male
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 79		8 DATE OF BIRTH (Mo/Day/Yr) June 03, 1935
	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	13 SOCIAL SECURITY NUMBER 4782		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Director Of Engineering		14b. KIND OF BUSINESS OR INDUSTRY Hotels - Casinos		12 SURVIVING SPOUSE (Maiden name) Sharon E TOMLIN
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington		15d. STREET AND NUMBER 3755 Ballman Way
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) William FERRIS SR			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lois Viola WEBB			
	18a. INFORMANT - NAME (Type or Print) Sharon FERRIS			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3755 Ballman Way Wellington, Nevada 89444			
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Hillcrest Cemetery		19c. LOCATION City or Town State Smith Nevada 89430		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BLAKE HOWE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 622		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410		
TRADE CALL	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) EVAN WAYNE EASLEY M.D. 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)			
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr) March 05, 2015		21c. HOUR OF DEATH 22:10		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) Evan Wayne Easley M.D. 1520 Virginia Ranch Rd. Gardnerville, NV 89410					23b. LICENSE NUMBER 7446	
	24a. REGISTRAR (Signature) RHONDA PENA SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 12, 2015		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))						Interval between onset and death
	PART I (a) Metastatic Colon Cancer DUE TO, OR AS A CONSEQUENCE OF: (b) Alzheimer's Dementia DUE TO, OR AS A CONSEQUENCE OF: (c) Hypertension DUE TO, OR AS A CONSEQUENCE OF: (d)						Interval between onset and death
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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
	28a. ACC., SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
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

570014

CERTIFIED COPY OF VITAL RECORDS

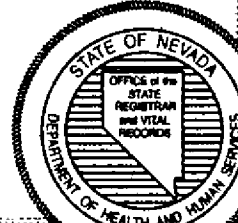
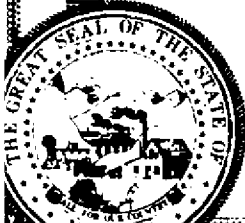
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

3/13/2015

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

R. Whelan
STATE REGISTRAR
SIGNATURE AUTHENTICATED



VRS-Rev-20120523a

3820339