

APN# 1220-22-210-188

Recording Requested by:

Name: First American Title Insurance Company

Address: 1663 US Highway 395, Suite 101

City/State/Zip: Minden, NV 89423

Order Number: 143-2535658

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)

M Keish EO
Signature Title

M Keish
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.: 1220-22-210-188
File No: 2546385MK (MK)

When Recorded return to, and mail Tax Statements to:
Christina Johnson
1434 Bumblebe
Gardnerville NV 89460

AFFIDAVIT - TERMINATING JOINT TENANCY

Christina Johnson, of legal age, being first duly sworn, deposes and says:

That **James Roger Johnson**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **James Roger Johnson** named as one of the parties in that certain **Grant Bargain Sale Deed** dated **3-24-1998** executed by **Joseph R. Murray and Meili Murray**, husband and wife to **Christina Johnson and James Roger Johnson** as joint tenants, recorded as Document No. **0436149** on **3-30-1998** in Book **398** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

See exhibit "A" attached hereto and made a part hereof

Christina Johnson 6-19-18

Christina Johnson

Date

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

This instrument was acknowledged before me on this:
19th day of June, 2018

By: *Christina Johnson*

By: *Mary Kelsh* / Its: _____

Notary Public

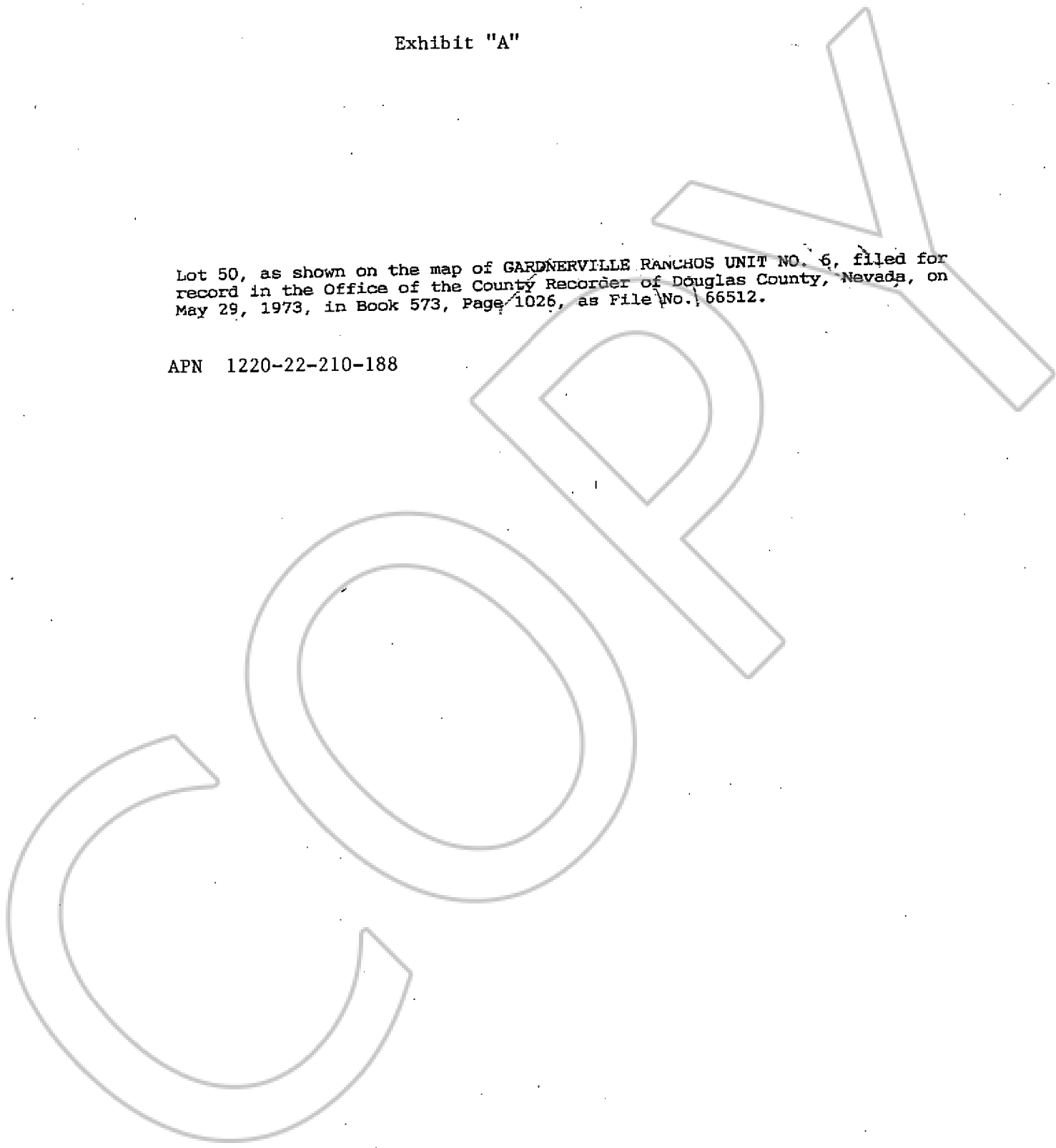
(My commission expires: 11-6-2018)



Exhibit "A"

Lot 50, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 6, filed for record in the Office of the County Recorder of Douglas County, Nevada, on May 29, 1973, in Book 573, Page 1026, as File No. 66512.

APN 1220-22-210-188



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3999363

CERTIFICATE OF DEATH

2018000983
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) James Roger JOHNSON IV			2. DATE OF DEATH (Mo/Day/Year) January 15, 2018		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or apt. No.) Renown Regional Medical Center			3e. If Hosp. or Inst. Indicate DOA,OP,Emer. Rm. (Inpatient)(Specify) Inpatient	
4. SEX Male		5. RACE (Specify) White		6. DATE OF BIRTH (Mo/Day/Yr) April 29, 1975		
7a. AGE-Last birthday (Years) 42		7b. UNDER 1 YEAR (YE. UNDER 1 DAY) MOS DAYS HOURS MINS		8. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Christina BURGESS		
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 15		
11. MARITAL STATUS (Specify) Married		12. USUAL OCCUPATION (Give Kind of Work Done During Most of)		13. SOCIAL SECURITY NUMBER 4874		
14a. USUAL OCCUPATION Painter		14b. KIND OF BUSINESS OR INDUSTRY Automotive		14c. Ever in US Armed Forces? No		
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville		
15d. STREET AND NUMBER 1434 Bumblebee Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) James Roger JOHNSON III		
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Marcia ROSKO		18a. INFORMANT - NAME (Type or Print) Christina JOHNSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1434 Bumblebee Dr. Gardnerville, Nevada 89460		
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) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD823		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) DERICK MOORE MD SIGNATURE AUTHENTICATED						
21b. DATE SIGNED (Mo/Day/Yr) January 18, 2018		21c. HOUR OF DEATH 23:09		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)		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Derrick Moore MD 1155 Mill St Reno, NV 89502		
23b. LICENSE NUMBER 10291		24a. REGISTRAR (Signature) BLAIR J HEDRICK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 19, 2018		
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) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Small Bowel Obstruction DUE TO, OR AS A CONSEQUENCE OF: (c) Superior Mesenteric Artery Thrombus DUE TO, OR AS A CONSEQUENCE OF: (d) Etiology Unknown				
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Ventricular Tachycardia, Community Acquired Pneumonia, Acute Cerebrovascular Accident				26. AUTOPSY (Specify Yes or No) No		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC., SUICIDE, HOMIC., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		
28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED				
29a. INJURY AT WORK (Specify Yes or No)		29b. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		29c. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR



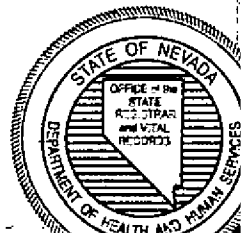
CERTIFIED COPY OF VITAL RECORDS

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: **JAN 25 2018**

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

STATE REGISTRAR



VRS-Rev-20120523a