

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:** 143-2546385

This document is being re-recorded to correct the name of James Roger Johnson, IV document number 2018-916050

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)

Mike Kesh EO  
**Signature** **Title**

Mike Kesh  
**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)

**Recorded Electronically**  
ID 2018-916050  
County Douglas  
Date 12/26/2018 Time 8:39 AM  
Simplifile.com 800.460.5657

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 (for Recorder's use only)  
(Title of Document)

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(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)

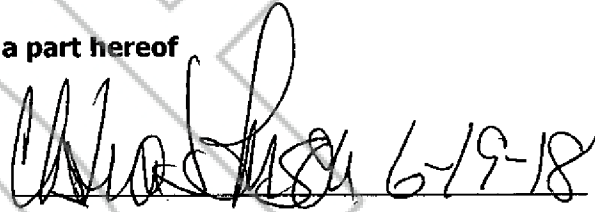
When Recorded return to, and mail Tax Statements to:  
Christina Johnson  
1434 Bumblebe  
Gardnerville NV 89460

### AFFIDAVIT - TERMINATING JOINT TENANCY

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

That **James Roger Johnson<sup>IV</sup>**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **James Roger Johnson<sup>IV</sup>** named as one of the parties in that certain **Grant Bargain Sale Deed** dated **3-24-1998** executed by **Joseph R. Murray<sup>IV</sup> and Meili Murray, husband and wife** to **Christina Johnson and James Roger Johnson<sup>IV</sup>** 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 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

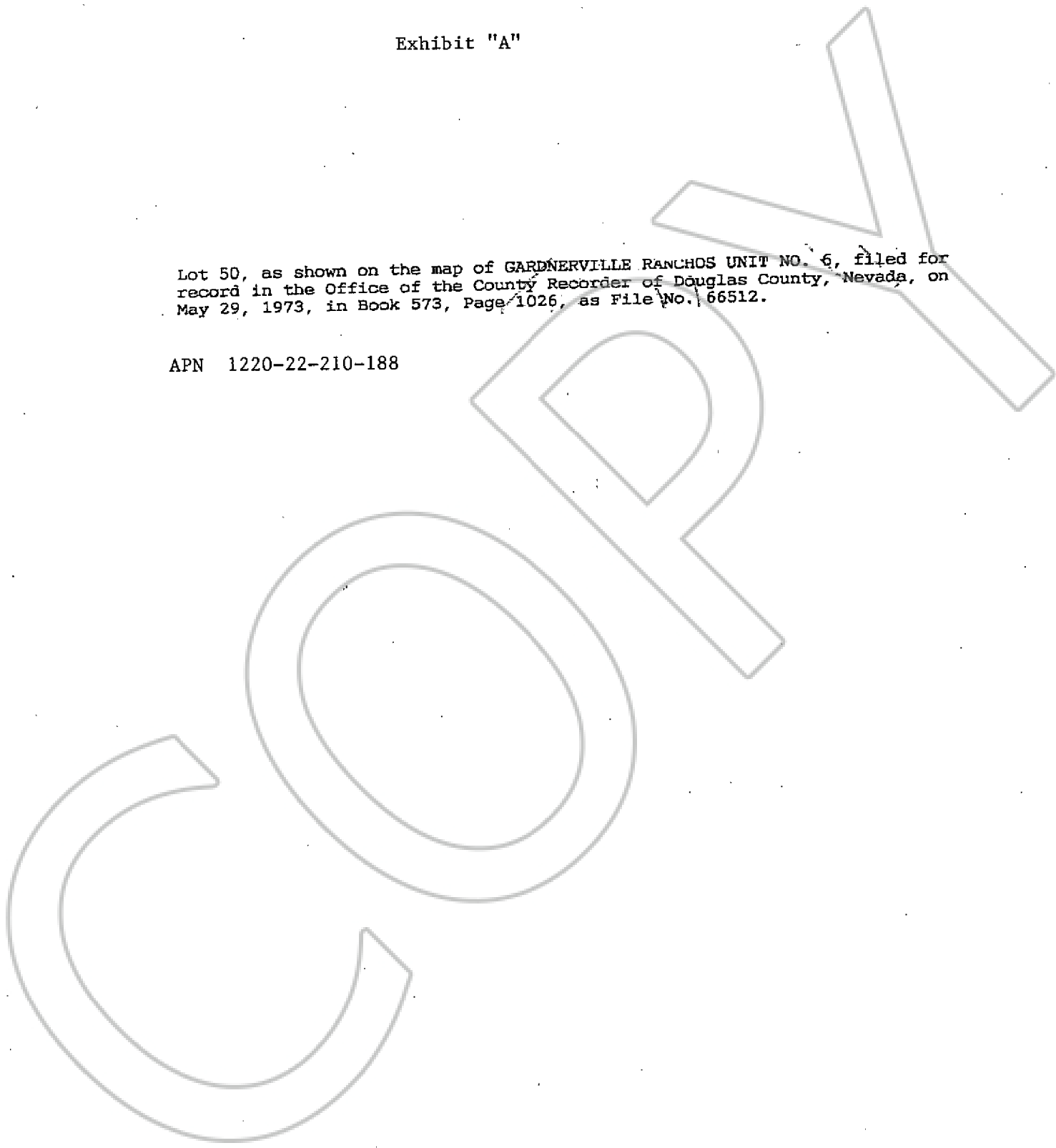
(My commission expires: 11-6-2018 )



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. 3999353

**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) <b>James Roger JOHNSON IV</b>			2. DATE OF DEATH (Mo/Day/Year) <b>January 15, 2018</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street address) <b>Renown Regional Medical Center</b>		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Inpatient</b>		4. SEX <b>Male</b>
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) <b>42</b>	7b. UNDER 1 YEAR MOS <b></b>	7c. UNDER 1 DAY HOURS <b></b>	7d. UNDER 1 DAY MINS <b></b>
8a. STATE OF BIRTH (if not USCA, name country) <b>California</b>		8b. CITIZEN OF WHAT COUNTRY <b>United States</b>	10. EDUCATION <b>15</b>	11. MARITAL STATUS (Specify) <b>Married</b>		2. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Christina BURGESS</b>
13. SOCIAL SECURITY NUMBER <b>-4874</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Painter</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Automotive</b>		Ever in US Armed Forces? <b>No</b>
15a. RESIDENCE - STATE <b>Nevada</b>	15b. COUNTY <b>Douglas</b>	15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	15d. STREET AND NUMBER <b>1434 Bumblebee Dr.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>James Roger JOHNSON III</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Marcia ROSKO</b>			
18a. INFORMANT - NAME (Type or Print) <b>Christina JOHNSON</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1434 Bumblebee Dr. Gardnerville, Nevada 89460</b>				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Walton's Sierra Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89706</b>		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CURT KOESTLER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD823</b>	20c. NAME AND ADDRESS OF FACILITY <b>Waltons Funerals &amp; Cremations-Chapel of the Valley</b> <b>1281 N Roop Carson City NV 89706</b>			
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) <b>DERRICK MOORE MD</b> 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) <b>January 18, 2018</b>		21c. HOUR OF DEATH <b>23:09</b>		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)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Derrick Moore MD 1155 Mill St Reno, NV 89502</b>					23b. LICENSE NUMBER <b>10291</b>	
24a. REGISTRAR (Signature) <b>BLAIR J HEDRICK</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 19, 2018</b>		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).)						Interval between onset and death
PART I (a) <b>Cardiopulmonary Arrest</b>						Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Small Bowel Obstruction</b>						Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Superior Mesenteric Artery Thrombus</b>						Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF: (d) <b>Etiology Unknown</b>						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. Ventricular Tachycardia, Community Acquired Pneumonia, Acute Cerebrovascular Accident)					26. AUTOPSY (Specify Yes or No) <b>No</b>	
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



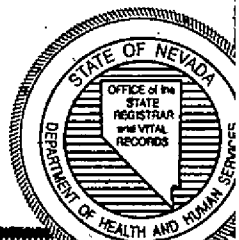
CERTIFIED COPY OF VITAL RECORDS

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.

*Blair J Hedrick*  
STATE REGISTRAR



VRS-Rev-20120523a

DOUGLAS COUNTY, NV      2018-916050  
Rec: \$95.00  
\$35.00      Pgs=4      06/26/2018 08:39 AM  
FIRST AMERICAN TITLE MINDEN  
KAREN ELLISON, RECORDER

APN# 1220-22-210-188

**Recording Requested by:**

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(State specific law)

M Keelsh      EO  
Signature      Title

M Keelsh  
Print  
Signature

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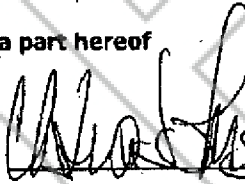
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See exhibit "A" attached hereto and made a part hereof

  
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 )



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COPY