

APN# 1022-09-001-064

Recording Requested by:

Name: First American Title Insurance Company
Address: 1663 US Highway 395, Suite 101
City/State/Zip: Minden, NV 89423
Order Number: 143-2544171

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. 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.: 1022-09-001-064
File No: 143-2544171 (mk)

When Recorded return to, and mail Tax Statements to:

CAROL Arnett
235 Comstock St.
Yerington, NV 89447

AFFIDAVIT - TERMINATING JOINT TENANCY

Carol L. Arnett, of legal age, being first duly sworn, deposes and says:

That **Junior B. Arnett**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Junior B. Arnett** named as one of the parties in that certain **Grant Bargain Sale Deed** dated **5-2-1989** executed by **Walter C. Coleman and A. Pauline Coleman** to **Carol L. Arnett and Junior B. Arnett** as joint tenants, recorded as Document No. **202766** on **5-25-1989** in Book **589** of Official Records of **Douglas** County, **Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

LOT 65, AS SHOWN ON THE MAP OF TOPAZ RANCH ESTATES UNIT NO. 3, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MARCH 31, 1969, IN BOOK 1 OF MAPS, PAGE 221, AS DOCUMENT NO. 44091.

Carol L. Arnett 7-12-18

Carol L. Arnett

Date

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

This instrument was acknowledged before me on this:

12th day of July 2018

By: **Carol L. Arnett**

By: *Mary Kelsh* / Its: _____

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

CASE FILE NO. 3989648

CERTIFICATE OF DEATH

2017022592
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) Junior Barnes ARNETT		2. DATE OF DEATH (Mo/Day/Year) November 24, 2017		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Wellington		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and no.) 3680 Topaz Ranch Road		3e. If Hosp. or Inst. indicate DOA,OP,Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 83		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) January 17, 1934		9a. STATE OF BIRTH (If not US/CA, name country) Oklahoma		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 15		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Carol LAUDERDALE	
13. SOCIAL SECURITY NUMBER 9255		14a. USUAL OCCUPATION (Give kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
Maintenance Supervisor		Copper		Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 3680 Topaz Ranch Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Stanley ARNETT			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Feenie GREEN		
18a. INFORMANT - NAME (Type or Print) Carol ARNETT			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3680 Topaz Ranch Road Wellington, Nevada 89444		
18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		18b. CEMETERY OR CREMATORY - NAME Northern Nevada Veterans Cemetery		18c. LOCATION City or Town State Fernley Nevada 89408	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) CHRISTIE D WILDE		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
20a. SIGNATURE AUTHENTICATED					
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 W EASLEY MD			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) December 04, 2017			22b. DATE SIGNED (Mo/Day/Yr)		
21c. HOUR OF DEATH 00:02			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) Evan W Easley MD 1520 Virginia Ranch Rd Gardnerville, NV 89410				23b. LICENSE NUMBER 7446	
24a. REGISTRAR (Signature) BLAISE SATARIANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 05, 2017		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. SIGNATURE AUTHENTICATED					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) Cardiac Arrest					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Coronary Artery Disease					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Hypertension					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Diabetes Mellitus					
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) Yes	
28a. ACC., SUICIDE, HOA, 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

000698529



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:

DEC 14 2017

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

[Signature]
STATE REGISTRAR

VR8-Rev-20120523a

