

APN: 1022-16-001-095

Recording requested by:
Nancy Rey Jackson, Ltd.
1591 Mono Avenue
Minden, NV 89423

Mail documents and tax statements to:
Kurt Lantz
3791 Granite Way
Wellington, NV 89444

I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law. (Per NRS 239B.030(4))

(State specific law):

NRS 440.090 Requisites of certificates.

NRS 440.380(1)(a) Medical certificate of death: Signature; contents

NRS 40.525(5) Death certificate attached to affidavit

AFFIDAVIT OF TERMINATION OF JOINT TENANCY

Pursuant to the Order Authorizing Transfer of Real Property entered in the Ninth Judicial District Court, in and for Douglas County, State of Nevada, in Case No. 17-PB-0009, on June 21, 2018, and recorded in the Official Records of Douglas County on 8-28, 2018, as Document No. 2018-918631, KURT LANTZ, the undersigned Administrator/Personal Representative of the Estate of Laura Leigh Lantz, of legal age, being duly sworn, deposes and says:

1. That MORGAN ANDREW PETERSEN, the decedent mentioned in the attached certified copy of certificate of death, is the same person as MORGAN A. PETERSEN, one of the parties named in that certain Joint Tenancy Deed executed by LAURA L. LANTZ, an unmarried woman, to LAURA L. LANTZ, an unmarried woman and MORGAN A. PETERSEN, an unmarried man, as joint tenants with right of survivorship and not tenants in common, recorded in the Official Records of Douglas County, Nevada, as Document No. 0621323, on August 12, 2004, in Book 0804 at Pages 05352 to 05353, concerning the property commonly known as 3791 Granite Way, Wellington, Nevada and more particularly described as follows:

LOT 13, IN BLOCK J AS SHOWN ON THE MAP OF TOPAZ RANCH ESTATES UNIT NO. 4, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON NOVEMBER 16, 1970, IN BOOK 1 OF MAPS, PAGE 224, AS DOCUMENT NUMBER 50212

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Together with the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining or used in connection therewith, and the reversion and reversions, remainder and remainders, rents, issues, and profits thereof.

2. That this affidavit is executed and recorded for the purpose of terminating the interest of MORGAN A. PETERSEN in and to the hereinabove-described real property.

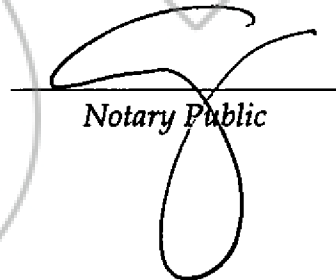
DATED: June 21, 2018.



KURT LANTZ, Administrator/Personal Representative of the Estate of Laura Leigh Lantz

STATE OF NEVADA)
COUNTY OF DOUGLAS }
}

On June 21, 2018, before me, a Notary Public, personally appeared KURT LANTZ, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity.



Notary Public

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES
 DIVISION OF HEALTH
 VITAL STATISTICS
 STATE OF NEVADA -- DEPARTMENT OF HUMAN RESOURCES
 DIVISION OF HEALTH -- SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Morgan Andrew PETERSEN		2. November 27, 2004	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Carson City		3a. Carson City	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emr. Rm. Inpatient (Specify)	
3c. Carson-Tahoe Hospital		3e. Emergency Rm.	
SEX		DATE OF BIRTH (Mo., Day, Yr.)	
4. Male		s. January 22, 1952	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
5. White		6.	
AGE—Last Birthday (Years)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
7a. 52		11. Divorced	
UNDER 1 YEAR MOS : DAYS		UNDER 1 DAY HOURS : MINS	
7b. : : 7c. : :		12.	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. California		9b. U.S.A.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)	
13. ██████████-3291		14a. Installer	
KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
14b. Flooring		12.	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Wellington	
COUNTY		STREET AND NUMBER	
15b. Lyon		15d. 3791 Granite Way	
INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME First Middle Last	
15a. No		16. James Oliver Petersen	
MOTHER—MAIDEN NAME First Middle Last		17. Gwendolyn Arlene Sutton	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Shane A. Petersen		18b. 3350 Bonny View Drive, Carson City, Nevada 89701	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. Walton's Sierra Crematory	
LOCATION City or Town State		19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. <i>Jammy De...</i>		20b. 09	
NAME AND ADDRESS OF FACILITY		20c. 1281 N. Roop St., Carson City, Nevada 89706	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title)		22a. On the basis of examination and investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b.		22b. 12/01/04	
HOUR OF DEATH		HOUR OF DEATH	
21c. 1642		22c. 1642	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22d. ON 11/27/04	
PRONOUNCED DEAD (Hour)		22e. AT 1642	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. Ruth Beseler, Deputy Coroner, 897 E. Mussèr, Carson City, NV		23b. 9307	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. (Signature) <i>Jaimie Erins</i>		24b. December 1, 2004	
DEATH DUE TO COMMUNICABLE DISEASE		24c. 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) Craniocervical Injuries		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) Blunt Force Automobile Trauma		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		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.		AUTOPSY (Specify Yes or No)	
26. YES		27. YES	
WAS CASE REFERRED TO CORONER (Specify Yes or No)		27. YES	
ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify) 28a. Accident		DATE OF INJURY (Mo., Day, Yr.)	
28b. 11/27/04		HOUR OF INJURY	
28c. 1642		DESCRIBE HOW INJURY OCCURRED	
28d. Single car roll over.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e. No		28f. On street.	
INJURY AT WORK (Specify Yes or No)		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	
28e. No		28g. Hwy. 395 & Johnson Lane area, Minden, NV	

STATE REGISTRAR

No. 277029

34347

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 01 2004

STATE REGISTRAR

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

