



KAREN ELLISON, RECORDER

A.P.N.: 1320-32-110-003
File No:

When Recorded return to, and mail Tax Statements to:
Jim Valentine
P.O. Box 1257
Minden, NV 89423

AFFIDAVIT - TERMINATING JOINT TENANCY

Edwin A. Valentine III, of legal age, being first duly sworn, deposes and says:

That **Lisa Ann Wetzel**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Lisa Ann Wetzel** named as one of the parties in that certain **Grant Bargain Sale Deed** dated 1/3/2003, executed by William V. Merrill and Kathy Lynn Merrill Trustees **TO EDWIN A. Valentine III and Lisa A. Wetzel** as joint tenants, recorded as Document No. 0566247 on 2/4/2003 in Book 0203 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

Edwin A. Valentine III 5/24/2018

Edwin A. Valentine III

Date

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



This instrument was acknowledged before me on this:

24 day of May 2018

By: Edwin A. Valentine III

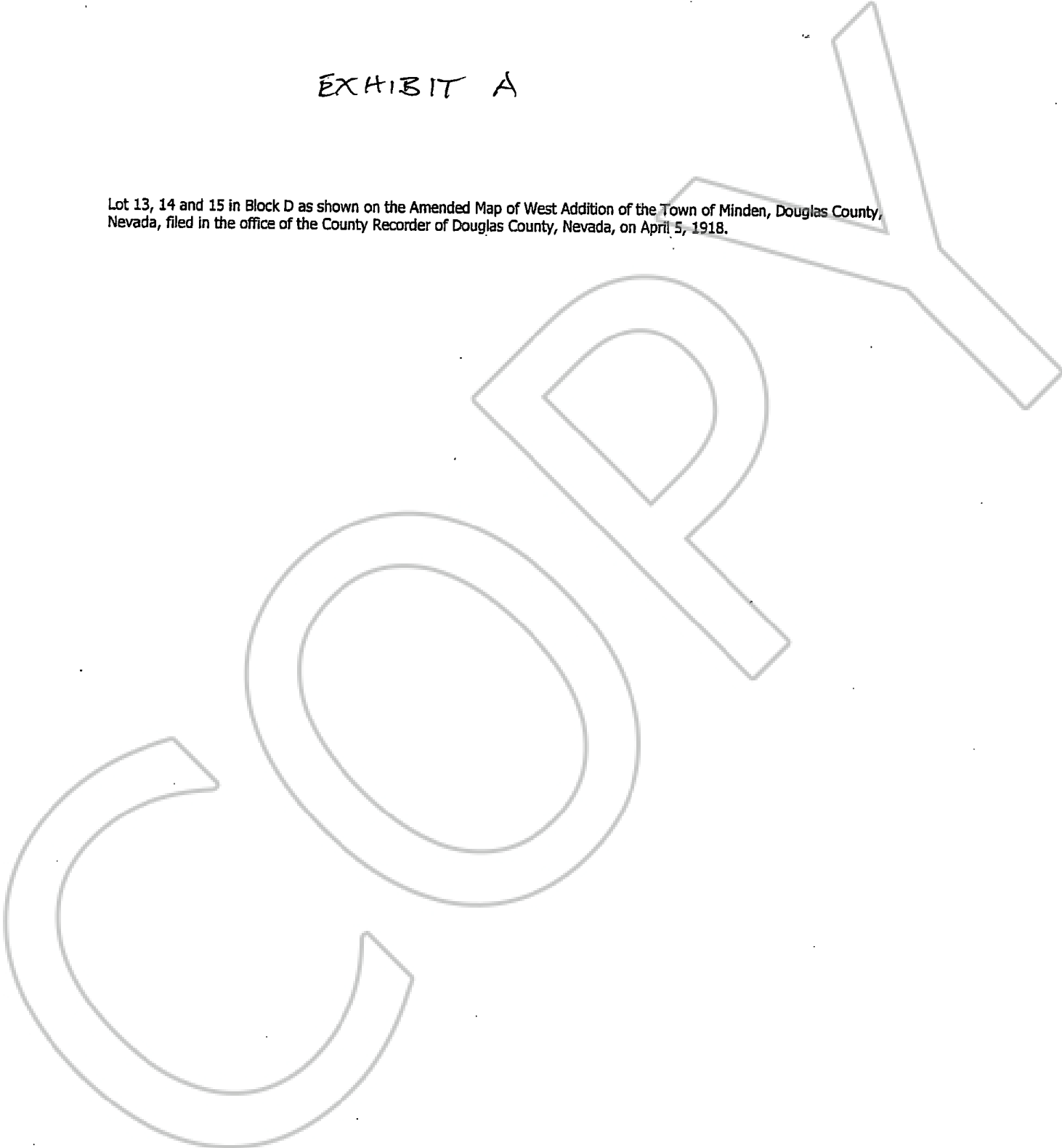
By: Mary Kelsch / Its: _____

Notary Public

(My commission expires: 11-6-18)

EXHIBIT A

Lot 13, 14 and 15 in Block D as shown on the Amended Map of West Addition of the Town of Minden, Douglas County, Nevada, filed in the office of the County Recorder of Douglas County, Nevada, on April 5, 1918.



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4015699

CERTIFICATE OF DEATH

2018007854
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Lisa Ann WETZEL		2. DATE OF DEATH (Mo/Day/Year) April 22, 2018		3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 61	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) July 26, 1956	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 13	
	11 MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Edwin "Jim" A VALENTINE III			
PARENTS	13. SOCIAL SECURITY NUMBER 4600		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 1242 Waterloo Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert Eugene WETZEL	
	16. MOTHER/PARENT - NAME (First Middle Last Suffix) Jessie Lee EDGAR		18a. INFORMANT- NAME (Type or Print) Edwin "Jim" A VALENTINE III			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO BOX 1257 Minden, Nevada 89423		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services	
	19c. LOCATION City or Town State Carson City Nevada 89701		20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD304	
CERTIFIER	20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Creations 1575 N Lompa Ln Carson City NV 89701		21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) AMANDA M GRIFFITH DO SIGNATURE AUTHENTICATED			
	21b. DATE SIGNED (Mo/Day/Yr) April 23, 2018		21c. HOUR OF DEATH 16:18		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
REGISTRAR	22a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Amanda M Griffith DO 1600 Medical Pkwy Carson City, NV 89703		22b. LICENSE NUMBER DO1685		22c. HOUR OF DEATH	
	22d. DATE SIGNED (Mo/Day/Yr)		22e. PRONOUNCED DEAD (Mo/Day/Yr)		22f. PRONOUNCED DEAD AT (Hour)	
CAUSE OF DEATH	23a. REGISTRAR (Signature) MELISSA KNIGHT SIGNATURE AUTHENTICATED		23b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 23, 2018		23c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	24. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I		25. INTERVAL BETWEEN ONSET AND DEATH			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) Cardiopulmonary Arrest		Interval between onset and death			
	(b) Acute Severe Hypoxemic Respiratory Failure		Interval between onset and death			
(c) Aspiration Pneumonia		Interval between onset and death				
(d) Acute Renal Failure		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. Encephalopathy; Chronic Obstructive Pulmonary Disease; Anemia; Urinary Tract Infection; Hyponatremia; Encephalopathy; Hypertension Unknown Etiology		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		
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.		28h. CITY OR TOWN STATE		

STATE REGISTRAR

030720152



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:

APR 27 2018

Julie Katschauer
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a

