

DOUGLAS COUNTY, NV

2018-919907

Rec:\$35.00

\$35.00 Pgs=3

09/21/2018 02:48 PM

TICOR TITLE - GARDNERVILLE

KAREN ELLISON, RECORDER

WHEN RECORDED MAIL TO:

Virginia A. Kawai

PO Box 6
Kamuela, HI 96743

MAIL TAX STATEMENTS TO:

Same as above

The undersigned hereby affirms that this document submitted for recording does not contain the social security number of any person or persons. (Pursuant to NRS 239b.030)

APN No.: 1022-29-101-002

SPACE ABOVE FOR RECORDER'S USE

Escrow No. 1804098-RLT

AFFIDAVIT TERMINATING COMMUNITY PROPERTY WITH RIGHTS OF SURVIVORSHIP

STATE OF ~~NEVADA~~ ^{HAWAII} }
COUNTY OF ~~DOUGLAS~~ ^{HAWAII} } SS:

Virginia A. Kawai formally known as Virginia A. Fair, being first duly sworn, deposes and says that Affiant is over the age of 18 years and competent to be a witness as to the matters hereinafter stated.

That Affiant is Virginia A. Kawai formally known as Virginia A. Fair the person named as Virginia A. Kawai formally known as Virginia A. Fair, one of the grantees in that certain life estate deed from Frank H. M. Fair and Kristen Fair to Frank R. Fair and Virginia A. Fair recorded in Book 0903, as Instrument No. 0589121, of Official Records in the Office of the County Recorder of Douglas County, State of Nevada, covering the following described property:

SEE EXHIBIT "A" ATTACHED HERETO AND BY REFERENCE MADE A PART HEREOF

That Frank R. Fair was one of the grantees named in said deed and was the identical person named as Frank R. Fair, the decedent, in that certain Death Certificate, a copy of which is annexed hereto and made a part hereof.

Virginia A Kawai Virginia A Fair
Affiant: Virginia A. Kawai formally known as Virginia A. Fair

STATE OF ^{HAWAII} }
COUNTY OF ^{HAWAII} } SS:

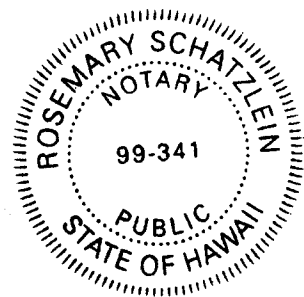
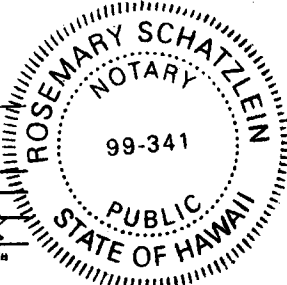
This instrument was acknowledged before me on SEPTEMBER 6, 2018
by VIRGINIA A. KAWAI

MY COMMISSION EXPIRES 7/07/2019

NOTARY PUBLIC
ROSEMARY SCHATZLEIN

NOTARY CERTIFICATION
Doc. Date: NO DATE # Pages: 2
Name: Rosemary Schatzlein Third Circuit
Doc. Description: _____

[Signature]
Notary Signature Date: 9-6-2018



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2008000161
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

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) Frank Raymond FAIR			2. DATE OF DEATH (Mo/Day/Year) January 06, 2008		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Evergreen Gardnerville Health & Rehab Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient		4. SEX Male
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 79	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) May 26, 1928
9a. STATE OF BIRTH (if not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 16	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Virginia BARRY
13. SOCIAL SECURITY NUMBER ██████-9592		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Heavy Equipment		14b. KIND OF BUSINESS OR INDUSTRY Construction		Ever in US Armed Forces? Yes
15a. RESIDENCE - STATE Nevada	15b. COUNTY Douglas	15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 1805 Fairs Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER - NAME (First Middle Last Suffix) Ralph FAIR				17. MOTHER - NAME (First Middle Last Suffix) Dorothy BRUMMOND		
18a. INFORMANT- NAME (Type or Print) Virginia FAIR			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P. O. Box 2336 Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE 217	20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410		
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) STEPHEN HEWITT DO 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) January 09, 2008		21c. HOUR OF DEATH 12:05		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) Dr. Stephen Hewitt DO 1090 3rd Street #1 South Lake Tahoe, CA 89449					23b. LICENSE NUMBER NV 1107	
24a. REGISTRAR (Signature) RANI REED SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 10, 2008		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						Years
(a) Parkinsons Disease						Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(b)						Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(c)						Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(d)						Interval between onset and death
PART II					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. CITY OR TOWN STATE		

STATE REGISTRAR



VRS-Rev-2008K

187012

CERTIFIED COPY OF VITAL RECORDS

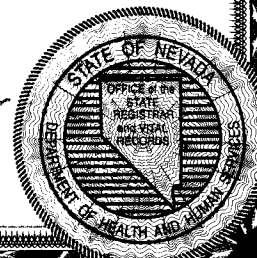
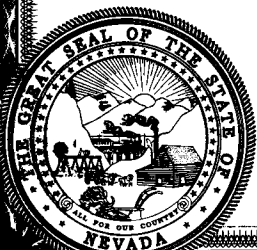
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **JAN 11 2007**

STATE REGISTRAR

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

PNCO (Rev) 11/05



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Escrow No. 1804098-RLT

**EXHIBIT A
LEGAL DESCRIPTION**

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

PARCEL ONE:

The North 264.00 feet of the East one-half of the Southwest Quarter of the Northwest Quarter of the Northwest Quarter of Section 29, Township 10 North, Range 22 East, M.D.B.&M.

PARCEL TWO:

Together with that Deed of Easement for ingress and egress, as described in the Grant from Ralph S. Fair to Frank R. Fair and Virginia Fair, recorded May 2, 1997, in Book 597, Page 265, as Document No. 411781, Official Records Douglas County, Nevada.

APN: 1022-29-101-002

