

DOUGLAS COUNTY, NV **2018-921577**
Rec:\$35.00
\$35.00 Pgs=4 10/30/2018 12:15 PM
FIRST AMERICAN TITLE MINDEN
KAREN ELLISON, RECORDER

APN# 1420-34-811-031

Recording Requested by:

Name: First American Title Insurance Company
Address: 1663 US Highway 395, Suite 101
City/State/Zip: Minden, NV 89423
Order Number: 143-2552120

Affidavit - Terminating Joint Tenancy (for Recorder's use only)
(Title of Document)

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 111.312
(State specific law)

Natalie Frey - EO
Signature Title
Natalie Frey
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.: 1420-34-811-031
File No: 143-2552120 (NF)

When Recorded return to, and mail Tax Statements to:
Daniel Doueck

AFFIDAVIT - TERMINATING JOINT TENANCY

Daniel Doueck, of legal age, being first duly sworn, deposes and says:

That **Barbara Kathleen Lunsford**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Barbara Lunsford** named as one of the parties in that certain **Grant, Baragin and Sale Deed** dated **8/26/2008** executed by **GMAC Mortgage** to **Daniel Doueck and Barbara Lunsford** as joint tenants, recorded as Document No. **730496** on **9/24/2008** in Book **908** of Official Records of **Douglas** County, **Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

LOT 3 AS SHOWN ON THE MAP OF EL RANCHO ESTATES, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON APRIL 23, 1962, IN BOOK 11, PAGE 348, AS DOCUMENT NO. 19910.



10/18/18

Daniel Doueck

Date

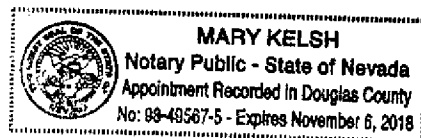
STATE OF **NEVADA**)
)
) :ss.
)
COUNTY OF **DOUGLAS**)

This instrument was acknowledged before me on this:
18 day of Oct 2018

By: **Daniel Doueck**

By: Mary Kesh Its/

Notary Public
(My commission expires: 11-6-18)



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

3052016066466

CERTIFICATE OF DEATH

3201634002827

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS-1 (REV. 3/01)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)			
BARBARA		KATHLEEN		LUNSFORD			
4. DATE OF BIRTH		5. AGE Yrs.		6. SEX			
05/27/1953		62		F			
9. BIRTH STATE, FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS/SP* (at Time of Death)	
NV		7546		NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> UNK <input type="checkbox"/>		WIDOWED	
13. EDUCATION - Highest Level Degree		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back)		15. DECEDENT'S RACE - (Up to 3 races may be listed see worksheet on back)		7. DATE OF DEATH	
SOME COLLEGE <input type="checkbox"/> YES <input type="checkbox"/>		NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>		CAUCASIAN		03/26/2016	
17. USUAL OCCUPATION - Type of work for most of life DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		16. YEARS BY OCCUPATION			
MANAGEMENT		EDUCATION		20			
20. DECEDENT'S RESIDENCE (Street and number, or location)							
3625 POPPY HILL WAY							
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE		24. YEARS IN COUNTY	
SACRAMENTO		SACRAMENTO		95834		40	
25. STATE/FOREIGN COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP					
CA		DANIEL DOUECK, SON					
27. INFORMANT'S MAILING ADDRESS (Street and number, or 2nd grade number, city or town, state and zip)		28. NAME OF SURVIVING SPOUSE/GROUP - FIRST					
2941 SANTA INEZ DRIVE, MINDEN, NV 89423							
29. NAME OF FATHER/PARENT - FIRST		30. MIDDLE		31. LAST BIRTH NAME			
MORRIS				EVANS			
32. BIRTH STATE		33. NAME OF MOTHER/PARENT - FIRST		34. MIDDLE		35. LAST BIRTH NAME	
PA		EDITH				NERI	
36. BIRTH STATE		37. LAST BIRTH NAME					
CA							
38. NAME OF FATHER/PARENT - FIRST		39. MIDDLE		40. PLACE OF FINAL DISPOSITION			
EDITH				RES. DANIEL DOUECK			
				2941 SANTA INEZ DRIVE, MINDEN, NV 89423			
41. TYPE OF DISPOSITION		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER			
CR/TR/RES		NOT EMBALMED					
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR		47. DATE	
LOWEST COST CREMATION AND BURIAL		FD2059		OLIVIA KASIRYE, MD		04/01/2016	
101. PLACE OF DEATH		102. IF HOSPITAL SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE			
RESIDENCE - OWN		Home <input checked="" type="checkbox"/> Hosp <input type="checkbox"/> Other <input type="checkbox"/>		Nursing Home <input checked="" type="checkbox"/> Director's Home <input type="checkbox"/> Other <input type="checkbox"/>			
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106. CITY			
SACRAMENTO		3625 POPPY HILL WAY		SACRAMENTO			
107. CAUSE OF DEATH		108. TIME INTERVAL BETWEEN DEATH AND DEATH CERTIFICATE		109. DEATH REFERRED TO CORONER?			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Breast Cancer		18-20		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
110. UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		NONE		110.opsy PERFORMED?		111. AUTOPSY PERFORMED?	
				NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>		NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		114. IF FEMALE, PREGNANT IN LAST YEAR?			
NONE		NO		NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> UNK <input type="checkbox"/>			
114. I CERTIFY THIS TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER		117. DATE	
HOA CHAN DUONG M.D.		HOA CHAN DUONG M.D.		A54720		03/31/2016	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119. I CERTIFY THIS IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED					
2025 MORSE AVE, SACRAMENTO, CA 95825		MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/>					
120. INJURED AT WORK?		121. INJURY DATE		122. HOUR (24 Hour)			
NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> UNK <input type="checkbox"/>							
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)							
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)							
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)							
126. SIGNATURE OF CORONER / DEPUTY CORONER				127. DATE		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF SACRAMENTO

This is a true and exact reproduction of the document officially registered and placed on file with Sacramento County Department of Health and Human Services.

DATE ISSUED April 6, 2016



001578705
Olivia Kasirye MD

OLIVIA KASIRYE, MD
LOCAL REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



EXHIBIT 'A'

**LOT 3 AS SHOWN ON THE MAP OF EL RANCHO ESTATES, FILED FOR RECORD IN THE
OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON APRIL 23,
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