

APN# 1220-22-410-107



KAREN ELLISON, RECORDER

**Recording Requested by:**  
**Name:** Deborah Young  
**Address:** 618 Jill Dr  
**City/State/Zip:** Gardnerville, NV 89460  
**Order Number:** \_\_\_\_\_

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 Sections 1-2  
(State specific law)

Deborah Young  
**Signature** **Title**

Deborah Young  
**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.: 1220-22-410-107  
File No: ()

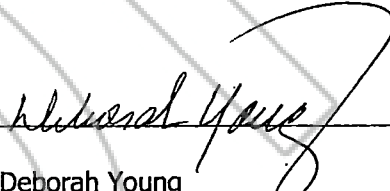
When Recorded return to, and mail Tax Statements to:  
Deborah Young  
618 Jill Drive  
Gardnerville, NV 89460

### AFFIDAVIT - TERMINATING JOINT TENANCY

**Deborah Young**, of legal age, being first duly sworn, deposes and says:

That **Wanda Eileen Hall**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Wanda Hall** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **12/06/2016** executed by **Wanda Hall** to **Deborah Young and Wanda Hall** as joint tenants, recorded as Document No. **2017-894018** on **1/31/2017** in Book **N/A** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

**LOT 920 OF GARDNERVILLE RANCHOS UNIT NO. 7, ACCORDING TO THE OFFICIAL MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MARCH 27, 1974, IN BOOK 374, PAGE 676 AS FILE NO. 72456.**

  
Deborah Young  
11/20/2018  
Date

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

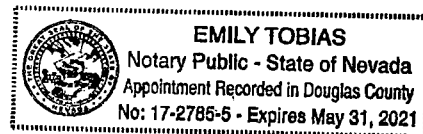
This instrument was acknowledged before me on this:  
20 day of November 2018

By: Deborah Young



Notary Public

(My commission expires: 5/31/21)



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

CASE FILE NO. 4042238

2018018501  
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) <b>Wanda Eileen HALL</b>		2. DATE OF DEATH (Mo/Day/Year) <b>September 24, 2018</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street ar <b>Carson Tahoe Regional Medical Center</b>		3e If Hosp or Inst indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>86</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>West Virginia</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
13. SOCIAL SECURITY NUMBER <b>██████████-8932</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Payroll Clerk</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Computer</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>	
15d. STREET AND NUMBER <b>618 Jill Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16 FATHER/PARENT - NAME (First Middle Last Suffix) <b>Harry Payne FRIDLEY</b>			17 MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Katherine RILEY</b>		
18a. INFORMANT- NAME (Type or Print) <b>Robin JOHNSON</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>3482 Eagle Rock Loop Tracy, California 95377</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Green Valley Cemetery</b>		19c. LOCATION City or Town State <b>Rescue California 95672</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CARLEN BLANSETT</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD861</b>		20c. NAME AND ADDRESS OF FACILITY <b>Walton's Funerals and Cremations</b> <b>1521 Church Street Gardnerville NV 89410</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) <b>JOSE AGUIRRE MD</b> <b>SIGNATURE AUTHENTICATED</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>September 26, 2018</b>		21c. HOUR OF DEATH <b>14:29</b>		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>11479</b>			
24a. REGISTRAR (Signature) <b>BREECE D FLORES</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 27, 2018</b>		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)) PART I				Interval between onset and death	
(a) <b>Cardiopulmonary Arrest</b> DUE TO, OR AS A CONSEQUENCE OF.				Interval between onset and death	
(b) <b>Asystole Cardiac Arrest</b> DUE TO, OR AS A CONSEQUENCE OF.				Interval between onset and death	
(c) <b>Coronary Thrombus Dissection</b> DUE TO, OR AS A CONSEQUENCE OF.				Interval between onset and death	
(d) <b>Unknown Etiology</b>				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
28a. ACC., SUICIDE, HOMICIDE, 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-20120523a



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: **OCT 08 2018**

*Julie Katchear*  
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

