

APN: 1220-15-210-030

Recording Requested By:

Sandra H. Martinez
1435 South Riverview Drive
Gardnerville, NV 89460

After Recording Mail To:

Sandra H. Martinez
1435 South Riverview Drive
Gardnerville, NV 89460

Send Subsequent Tax Bills To:

Sandra H. Martinez
1435 South Riverview Drive
Gardnerville, NV 89460

341823086

65125651-47804

AFFIDAVIT TERMINATING JOINT TENANCY

The undersigned, Sandra H. Martinez of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That Edward Eugene Martinez having become deceased on November 4, 2018, pursuant to the attached certified copy Certificate of Death, is the same person as Edward E. Martinez named as one of the parties in that certain Deed dated September 17, 1996 by William Hendricks and Patricia M. Hendricks, husband and wife to Edward E. Martinez and Sandra H. Martinez, husband and wife as joint tenants, recorded on October 24, 1996, in Book 1096, at Page 4421, of Official Records of the Douglas County Recorder's Office, Douglas County, State of Nevada.
2. The real property subject hereof is situated in the County of Douglas, State of Nevada, bounded and described as follows:

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

MORE commonly known as: 1435 South Riverview Drive
Gardnerville, NV 89460

Per NRS 111.312 – The Legal Description appeared previously in Deed, recorded on October 24, 1996, in Book 1096, at Page 4421 in Douglas County Records, Douglas County, Nevada.

1. That the undersigned affiant, Sandra H. Martinez, is the surviving spouse and/or joint tenant of the named decedent.

I, Sandra H. Martinez, hereby affirm that this document submitted for recording contains personal information (social security number, driver's license number or identification card number) of a person as required by a specific law, public program or grant that requires the inclusion of the personal information. The Nevada Revised Statute (NRS), public program or grant referenced is (NRS) 40.525.

Sandra H. Martinez
Sandra H. Martinez

Affiant _____
Title _____

(Attached to and becoming a part of Affidavit Terminating Joint Tenancy dated:
_____ for Edward Eugene Martinez.)

WITNESS my/our hands, this 7 day of DEC, 2018.

Sandra H. Martinez
Sandra H. Martinez

STATE OF Nevada)

COUNTY OF Douglas)
SS

This instrument was acknowledged before me, this 7th day of December, 2018, by Sandra H. Martinez.

NOTARY STAMP/SEAL

Sherrin A Macaluso
Notary Public Sherrin A Macaluso
Notary Public
Title and Rank
My Commission Expires: 07/30/2019



EXHIBIT A – LEGAL DESCRIPTION

LAND SITUATED IN THE COUNTY OF DOUGLAS IN THE STATE OF NV

LOT 91B, AS SAID LOT IS SHOWN ON THE OFFICIAL PLAT OF GARDNERVILLE RANCHOS UNIT NO. 2, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON JUNE 1, 1965, IN BOOK 1 OF MAPS, FILED AS NO. 28309, AND TITLE SHEET AMENDED ON JUNE 4, 1965, AS FILING NO. 28377.

Per NRS 111.312 – The Legal Description appeared previously in Deed, recorded on October 24, 1996, in Book 1096, at Page 4421 in Douglas County Records, Douglas County, Nevada.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO: 4049194

CERTIFICATE OF DEATH

2018021231
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) Edward Eugene MARTINEZ		2. DATE OF DEATH (Mo/Day/Year) November 04, 2018		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or Inpatient)(Specify) 1435 S Riverview Dr Home		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify Yes - Mexican		7a. AGE-Last birthday (Years) 77	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 HOUR HOURS	
7e. UNDER 1 MIN MIN		8. DATE OF BIRTH (Mo/Day/Yr) August 22, 1941			
9a. STATE OF BIRTH (If not US/CA, name country) New Mexico		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 10	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Sandra LINDSTAEDT			
13. SOCIAL SECURITY NUMBER 5897		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
Warehouseman		Grocery Store		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1435 S Riverview Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Placido MARTINEZ			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Sabina VIEJO		
18a. INFORMANT- NAME (Type or Print) Sandra MARTINEZ		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1435 S Riverview Dr Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street 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) SIGNATURE AUTHENTICATED NITA SCHWARTZ MD			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) November 07, 2018		21c. HOUR OF DEATH 23:57		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703			
23b. LICENSE NUMBER 9114		24a. REGISTRAR (Signature) FRED QUIHUIS		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 07, 2018	
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).) End Stage Liver Disease			
PART I		Interval between onset and death			
(a) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(d)		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. Alcoholism				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

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:

NOV 14 2018

Julie Katchear
STATE REGISTRAR

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

