

APN# 1121-05-511-004



KAREN ELLISON, RECORDER

Recording Requested by/Mail to

Name Barbara J Cropper
Address 1397-B Kimmerling Rd
City/State/Zip Gardnerville Nv 89460

Mail Tax Statements to:

Name Barbara J. Cropper
Address 1397-B Kimmerling Rd
City/State/Zip Gardnerville NV 89460

Affidavit Terminating Joint Tenancy
Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law (check applicable)

- Affidavit of Death – NRS 440 380(1)(A) & NRS 40 525(5)
- Judgment – NRS 17 150(4)
- Military Discharge – NRS 419 020(2)

Barbara J Cropper
Signature

Barbara J Cropper
Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

AFFIDAVIT TERMINATING JOINT TENANCY

State of Nevada)
County of Douglas) ss.

Barbara J. Cropper being first duly sworn, deposes and says that affiant is over the age of 21 years and competent to be a witness as to the matters hereinafter stated.

That affiant is Barbara J. Cropper the person named as wife as joint tenant, one of the grantees in that certain deed recorded on August 31, 2001, as Document No. 521986 in Book 0801, Page 10092, in the office of the County Recorder of Douglas County, Nevada. See Exhibit "A"

That Richard E Cropper was one of the grantees named in said deed and was the identical person named as husband as joint tenant, the decedent, in that certain Death Certificate, a certified copy of which is attached hereto and made a part hereof.

Barbara J Cropper
(SIGNATURE) Barbara J Cropper

Subscribed and sworn to before me this 28 day of January, 2019

Desiree Hope
Notary Public in and for said County and State

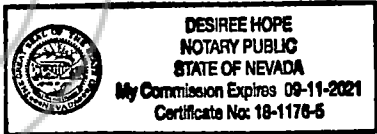


Exhibit "A"

relinquish, release, and forever quitclaim to Barbara J. Cropper, a widow, all right, title, and interest in that real property situate in the County of Douglas, State of Nevada described as follows

Lot 42, as set forth on the Amended Record of Survey of PINEVIEW DEVELOPMENT, UNIT NO. 2, filed in the office of the Douglas County Recorder on April 17, 2001, in Book 0401, Page 4191, File No. 512460, subject to that certain Declaration of Covenants, Conditions and Restrictions for Pine View filed in the office of the Douglas County Recorder on October 13, 1997, in Book 1097, Page 2388, File No 0423883; EXCLUDING any and all water rights, including, but not limited to applications and permits to appropriate any of the public waters, certificates of appropriation, adjudicated or unadjudicated water rights, applications or permits to change the place of diversion, manner of use or place of use of water, and, federal reserved water rights

Commonly known as 108 Walker Street, Gardnerville, Nevada 89410
APN: 1121-05-511-004

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 3929829

2016022498
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) Richard Eugene CROPPER JR			2 DATE OF DEATH (Mo/Day/Year) November 22, 2016		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 Gardnerville Nursing & Rehab Inpatient(Specify) Nursing Home		3e, If Hosp or Inst indicate DOA, OP/Emer Rm Male		4 SEX
5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	7a AGE-Last birthday (Years) 81	7b UNDER 1 YEAR MOS DAYS HOURS MINS	7c UNDER 1 DAY HOURS MINS	8 DATE OF BIRTH (Mo/Day/Yr) October 31, 1935
9a STATE OF BIRTH (if not US/CA, name country) California		9b CITIZEN OF WHAT COUNTRY United States	10 EDUCATION 14	11 MARITAL STATUS (Specify) Married	12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Barbara Jean ELLIOTT	
13 SOCIAL SECURITY NUMBER 5397		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Financial Planner		14b KIND OF BUSINESS OR INDUSTRY Investment		Ever in US Armed Forces? Yes
15a RESIDENCE - STATE Nevada	15b COUNTY Douglas	15c. CITY TOWN OR LOCATION Gardnerville	15d STREET AND NUMBER 108 Walker Street		15e INSIDE CITY LIMITS (Specify Yes or No) Yes	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Richard Eugene CROPPER SR			17 MOTHER/PARENT - NAME (First Middle Last Suffix) Florence Ann SUOMELA			
18a INFORMANT- NAME (Type or Print) Barbara CROPPER			18b MAILING ADDRESS (Street or R F D, No City or Town State, Zip) 108 Walker Street Gardnerville, Nevada 89410			
19a BURIAL, CREMATION REMOVAL OTHER (Specify) Anatomical Donation/Cremation		19b CEMETERY OR CREMATORY - NAME Sierra Crematory		19c. LOCATION City or Town State Reno Nevada 89503		
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DENICE PORTILLO SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER 872	20c. NAME AND ADDRESS OF FACILITY Walton's Funerals & Cremations - Sierra Chapel 875 West Second St Reno NV 89503			
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) JOSE AGUIRRE M.D. 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) December 13, 2016		21c HOUR OF DEATH 02 13		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) Jose Aguirre M D 1600 Medical Parkway Carson City, NV 89703					23b LICENSE NUMBER 11479	
24a REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED			24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 14, 2016		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						
(a) Inanition						Interval between onset and death
(b) Failure To Thrive						Interval between onset and death
(c) Probable Unknown Malignancy						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 I Unknown Etiology					26 AUTOPSY (Specify Yes or No) No	27 WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
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

000652712



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

DEC 14 2016

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

Cody R. Higgins
STATE REGISTRAR

VRS-Rev-20120523a

