



KAREN ELLISON, RECORDER

APN: 1121-05-516-020
Recording requested by and mail documents and tax statements to:

Name LEON R. COLEY

Address: 276 WALKER ST.

City/State/Zip: GARDNERVILLE, NV.
89410

AFF111
Nevada Legal Forms & Tax Services, Inc.
www.nevadalegalforms.com

AFFIDAVIT-TERMINATION OF JOINT TENANT

Death of a Joint Tenant

I, LEON R. COLEY

the Affiant, being of legal age, and being first duly sworn, deposes and says:

That PATRICIA S. COLEY

the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as,

PATRICIA S. COLEY

named as one of the parties in that certain (type of deed) SUB LEASE

dated on the 10TH day of JULY 2006, 2006, and executed by JOHNSON

DEVELOPMENT, LLC

known as Grantor(s), to LEON R. COLEY + PATRICIA S. COLEY HUSBAND + WIFE

known as Grantees, as joint tenants, and recorded as instrument number 0679237

on the 10TH day of JULY 2006, in Book 0706 PAGE 2960 of Official Records

of DOUGLAS County, Nevada, covering the following described property situated

in the City of GARDNERVILLE, County of DOUGLAS, State of Nevada.

(Set forth legal description and commonly known address)

276 WALKER ST.
GARDNERVILLE, NV. 89410

APN -1121-05-516-020
LOT 184, AS SET FORTH ON THE RECORD OF SURVEY FOR
PINEVIEW DEVELOPMENT, UNIT NO. 6, FILED IN OFFICE OF THE
DOUGLAS COUNTY RECORDER ON SEPTEMBER 26, 2005 IN
BOOK 0905, PAGE 9644, FILE NO. 655937; SUBJECT TO THAT CERTAIN
DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS FOR
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.

In Witness Whereof, I have hereunto set my hand this 12TH day of FEBRUARY, 2019.

Leon R. Coley
Signature

LEON R. COLEY
Print or type name here

STATE OF Nevada)
COUNTY OF Douglas)

On this 12 day of February, 2019, personally appeared before me, a Notary Public, Leon R. Coley

personally known to me OR proved to me on the basis of satisfactory evidence to be the person(s) described in and who executed the foregoing instrument in the capacity set forth therein, who acknowledged to me that they executed the same freely and voluntarily and for the uses and purposes therein mentioned. Witness my hand and official seal.

Elizabeth Del Real
Notary Public

My commission expires: OCT 15, 2022

Consult an attorney if you doubt this forms fitness for your purpose.



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. 3868795

2015022831
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Patricia S COLEY		2. DATE OF DEATH (Mo/Day/Year) December 17, 2015		3a. COUNTY OF DEATH Carson City	
	3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 71	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MIN		8. DATE OF BIRTH (Mo/Day/Yr) October 30, 1944	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not U.S.A.) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Leon R COLEY			
PARENTS	13. SOCIAL SECURITY NUMBER ██████████-2179		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Vice President Of Operations		14b. KIND OF BUSINESS OR INDUSTRY Banking	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
DISPOSITION	15d. STREET AND NUMBER 276 Walker Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Emil A GRASTEIT			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ularda E OWENS		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Leon COLEY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 276 Walker Street Gardnerville, Nevada 89410			
	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	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TAMAR R ROBINSON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 870		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 969 West Moana Lane Reno NV 89509	
	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 SUE O SANCHEZ M.D.					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) January 06, 2016		21c. HOUR OF DEATH 03:36		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
	22a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Sue O Sanchez M.D. 1661 Lucerne St Minden, NV 89423		22b. LICENSE NUMBER 9360		22c. HOUR OF DEATH	
CAUSE OF DEATH	24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 06, 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).) PART I (a) Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF: (b) Coronary Artery Disease DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)					
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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) No	
	27. WAS CASE REFERRED TO CORONER (Specify Yes or 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

810157

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: 1/6/2016

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

Rud White
SIGNATURE AUTHENTICATED

