DOUGLAS COUNTY, NV Rec \$35 00 Total \$35 00

2019-925746 02/14/2019 10·20 AM

JEFFREY BURR LTD

Pgs=3



KAREN ELLISON, RECORDER

APN: 1220-04-513-012

When Recorded, Mail to
JEFFREY BURR, LTD
2600 Paseo Verde Parkway, Suite 200
Henderson, NV 89074

### Mail Tax Statements to:

Michael R Braren 545 Carmel Mesa Drive Henderson, Nevada 89012

# AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA )
ss
COUNTY OF CLARK )

MICHAEL R BRAREN, being first duly sworn, deposes and says that affiant is over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated

That DENISE L INGRAM, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DENISE L INGRAM, named as one of the parties in that certain Grant, Bargain, Sale Deed dated February 26, 2013, executed by CALVIN H BRAREN and BEVERLY N BRARENT TRUST, executed on August 4, 1986 to DENISE L INGREAM, an unmarried woman, and MICHAEL R BRAREN, an unmarried man, as joint tenants, recorded on August 28, 2013, as Instrument No 0829691, of Official Records of Douglas, State of Nevada

The real property is located at 1399 Waterloo Lane, Gardnerville, Douglas County, Nevada, and further described as follows

Lot 105, As Shown By The Map Entitled "Final Map Of Carson Valley Estates Subdivision Unit No 5, Filed For Record August 11, 1972, In The Office Of The County Recorder Of Douglas County, Nevada, As Document No 61096

DATED this 31st day of January, 2019

MICHAEL R BRAREN

STATE OF NEVADA

SS

COUNTY OF CLARK

On this 31st day of January, 2019, personally appeared before me the undersigned, a Notary Public in and for the said Clark County, State of Nevada, MICHAEL R BRAREN, known to me to be the person described in and who executed the foregoing instrument, who acknowledged to me that he executed the same freely and voluntarily and for the uses and purposes therein mentioned

ALICIA MCKENNA
Notary Public State of Nevada
No 17-3838-1
My Appt. Exp August 10, 2021

Notary Public



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

CASE FILE NO 4063940

## **CERTIFICATE OF DEATH**

**201900**1830

TYPE OR	1a DECEASED-NAME (FIRST)	MIDDLE LAST SHE	EIY\			DATE C	F DEATH (Mo/Day	(Year) [3a (	COUNTY OF DEA	TH		
PRINT IN	1		,	INGRAN	<b>.</b>	t t		1 11				
PERMANENT BLACK INK	Denise	Lesl <b>ie</b>	, , , , , , , , , , , , , , , , , , ,			Jai	nuary 25, 201	19	Clark			
SEAO!(IIII)	/ Unpatient(Specify)								SEX			
DECEDENT	Henderson		545 Carmel Mesa Drive			, f		Home	\	Female		
DECEDENT	5 RACE (Specify)						R 1 YEAR 7c UND		DATE OF BIRTH (	Mo/Day/Yr)		
	l w	nite	No - Non-Hispanic (Yes			66 Mos	DAYS HOURS	MINS	March 23, 1952			
IE DESTIL	9a STATE OF BIRTH (If not US/	CA JOB CITIZE	TIZEN OF WHAT COUNTRY 10 EDUCATION 11 MARITAL STATE			L STATUS (Specify)	12 SURVIVING S	POUSE S NAME (L	ast name prior to first	marnage)		
IF DEATH OCCURRED IN INSTITUTION SEE	name country) California		United States 12 Divort			Divorced	The same of the sa	\ \	\			
HANDBOOK	13 SOCIAL SECURITY NUMBE		ost of 14b KI	14b KIND OF BUSINESS OR INDUSTRY Ever in US Armed								
REGARDING COMPLETION OF	0335	e man	Utility Forces? No									
RESIDENCE ITEMS	15a RESIDENCE - STATE	15b COUNTY	15c CITY TOWN OR LOCATION 15d STI			5d STREET AND	TREET AND NUMBER			15e INSIDE CITY LIMITS (Specify Yes		
1 \		Clark		Londores	, n	545 Carmel I	Jesa Drive	Name and Address of the Owner, where the Owner, which is the Owner, which is the Owner, where the Owner, which is the Owner, whic	or No)	Yes		
· ——	Nevada I			<u>Henderso</u>				e Last Suffly)				
PARENTS	16 FATHER/PARENT - NAME (First Middle Last Suffix) 17 MOTHER/PARENT NAME (First Middle Last Suffix) Calvin Harvey BRAREN Beverly CLARK								1	N		
		a INFORMANT-NAME (Type or Print)  18b MAILING ADDRESS (Street or R.F.D. No, City or Town State Zip)										
<b>Š</b>	Michael BRAREN 1399 Waterloo Lane Gardnerville Nevada 89410											
•	19a BURIAL CREMATION REI		Society Light CEMET	ERV OR CREMAT	100	TTUCCHOO CAN			ty or Town Sta	ate		
SPOSITION	Cremati		Secily) 13D CEWILT	Paradis	e Valley Cr	ematorv			s Nevada 89	119		
	20a FUNERAL DIRECTOR - SIG		an Action on Street)	. 6			DRESS OF FACIL					
-		P W SMITH	NI Acting as Sucin	LICENSE NUM		Di	vis Funeral H	ome and Me	morial Park			
	SIGNATURE AUTHENTICATED FD922						6200 \$ Eastern Las Vegas NV 89119					
RADE CALL	TRADE CALL - NAME AND ADD		JA 1 CD	-								
RADE CALL	3 21 a To the best of my Lo		rred at the time idate	e and place and di	ue 22a	On the basis of ex	mination and/or inve	stigation in my or	vinion death occurr	ed		
	to the cause(s) stated (Se	i ⊑ ⊝ attr	🚊 🖁 at the time date and place and due to the cause(s) stated (Signature & Title)									
	\ \tilde{\pi} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					DO HOLD OF PEATLY						
CERTIFIER	21b DATE SIGNED (Mo/Day/Yr) 21c HOUR OF DEATH				To Be Comp COROSJERS	February 01 2019						
	집 등 21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER					February 01 2019			PE PRONOUNGED DEAD AT (Hour)			
	원 등 21d NAME OF ATTEND (Type or Print)	ING PHI SICIAN IF	OTHER THAN CER	The state of the s	28 4	224 FRONOUNCED DEAD (MODES) 7			08 40			
}	23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  Jennifer N Corneat MD 1704 Pinto Lane Las Vegas, NV 89106 - 15917											
<b>(</b>												
	24a REGISTRAR (Signature)		ICY BARRY	Y RARRY 24b DATE RECEIVE			ISTRAR 240	DEATH DUE T	JE TO COMMUNICABLE DISEASE			
REGISTRAR			E AUTHENTICAT	ED	(Mo/Day/Yr)	February 01	, 2019	YES [	] NO X	]		
CALLET OF	26 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) (b) AND (c) )								Interval between onset and death			
CAUSE OF DEATH	PART ( _ /2) Complications Of Multiple Sclerosis											
DEATH		S A CONSEQUENC		<del></del>	_			i in	terval between on	set and death		
CONDITIONS IF		7 Y						İ				
ANY WHICH GAVE RISE TO	(b)	A CONSEQUEN	CE OF	·····			•	<del> </del>	terval between on	set and death		
IMMEDIATE .	DUE TO OR AS A CONSEQUENCE OF Interval between onset and dear											
CAUSE	DUE TO, OR AS A CONSEQUENCE OF									set and death		
CAUSE LAST		.o., oonoldola	Z OI MANAGEMENT		/ /			<b>?</b> "				
/	(d)	CONDITIONS Con	ditions contribution to	n death frut ant res	ultmaun theilic	derlynn cause ou	eoun Part 1	26 ALITOPSY	(Specif 27 WAS C	ASE		
/ /	PART II OTHER SIGNIFICANT COMDITIONS Conditions contributing to death but not resulting in the funderlying cause given in Pa								Yes or No. REFERRED TO CORONER			
/ /		led barries in the	DV 414 '02 A/ 3	28c HOUR OF INJU	IDV · 1884 DC	SCRIBE HOW INJUR	V O COLUBBED	1	No Capecity Te	Yes		
	28a ACC SUICIDE HOM UNDET OR PENDING INVEST (Specify)	286 DATE OF INJU	KT (WOIDZYITT)	200 HOUR OF INJU	200 06	SOMBE HOW INJUR	LOCURNED					
		1	-					١				
1 1	28e INJURY AT WORK (Specify 28i PLACE OF INJURY- At home, farm street factory office 28g LOCATION							STREET OR R F D No CITY OR TOWN STATE				
[ \ \	Yes or No)	building etc (Sp	ecify)									
\\\			7 7				-	`\	_			
. 1	3.		r 1									

VRS Rev 20120523a



"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA" This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440 175

DATE ISSUED

FEB 0 6 2019

Ву

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar, SOUTHERN NEVADA HEALTH DISTRICT · PO Box 3902 Las Vegas, NV 89127 702-759-1010 Tax ID # 88 0151573

