

APN# 1121-05-511-008

Recording Requested by/Mail to:

Name: FIRST AMERICAN TITLE

Address: 1663 US HWY 395 N STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: James Skeins

Address: 116 Walker St

City/State/Zip: Gardnerville NV 89410

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)



Signature

EMILY TOBIAS

Printed Name

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A.P.N.: 1121-05-511-008  
File No: 143-2559382 (mk)


When Recorded return to, and mail Tax Statements to:  
Mr. Skeins  
116 Walker Street  
Gardnerville, NV 89410

## AFFIDAVIT - TERMINATING JOINT TENANCY

**James Skeins**, of legal age, being first duly sworn, deposes and says:

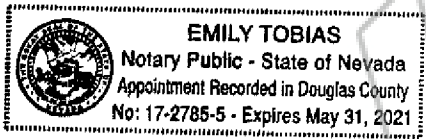
That **Carolyn Ann Skeins**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Carolyn Skeins** named as one of the parties in that certain **Quit Claim** dated **11-19-2018** executed by **Pine View Estates Home Owners Association to James Skeins and Carolyn Ann Skeins** as joint tenants, recorded as Document No. **2018-922646** on **11-21-2018** 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 38, AS SET FORTH ON RECORD OF SURVEY FOR PINEVIEW DEVELOPMENT, UNIT NO. 2, IN THE COUNTY OF DOUGLAS, STATE OF NEVADA, FILED FOR RECORD IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER ON JULY 7, 2000, IN BOOK 0700, PAGE 972, AS INSTRUMENT NO. 495433, AND AMENDED APRIL 17, 2001, IN BOOK 0401, PAGE 4191, AS INSTRUMENT NO. 512460.**

  
James Skeins

Date

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

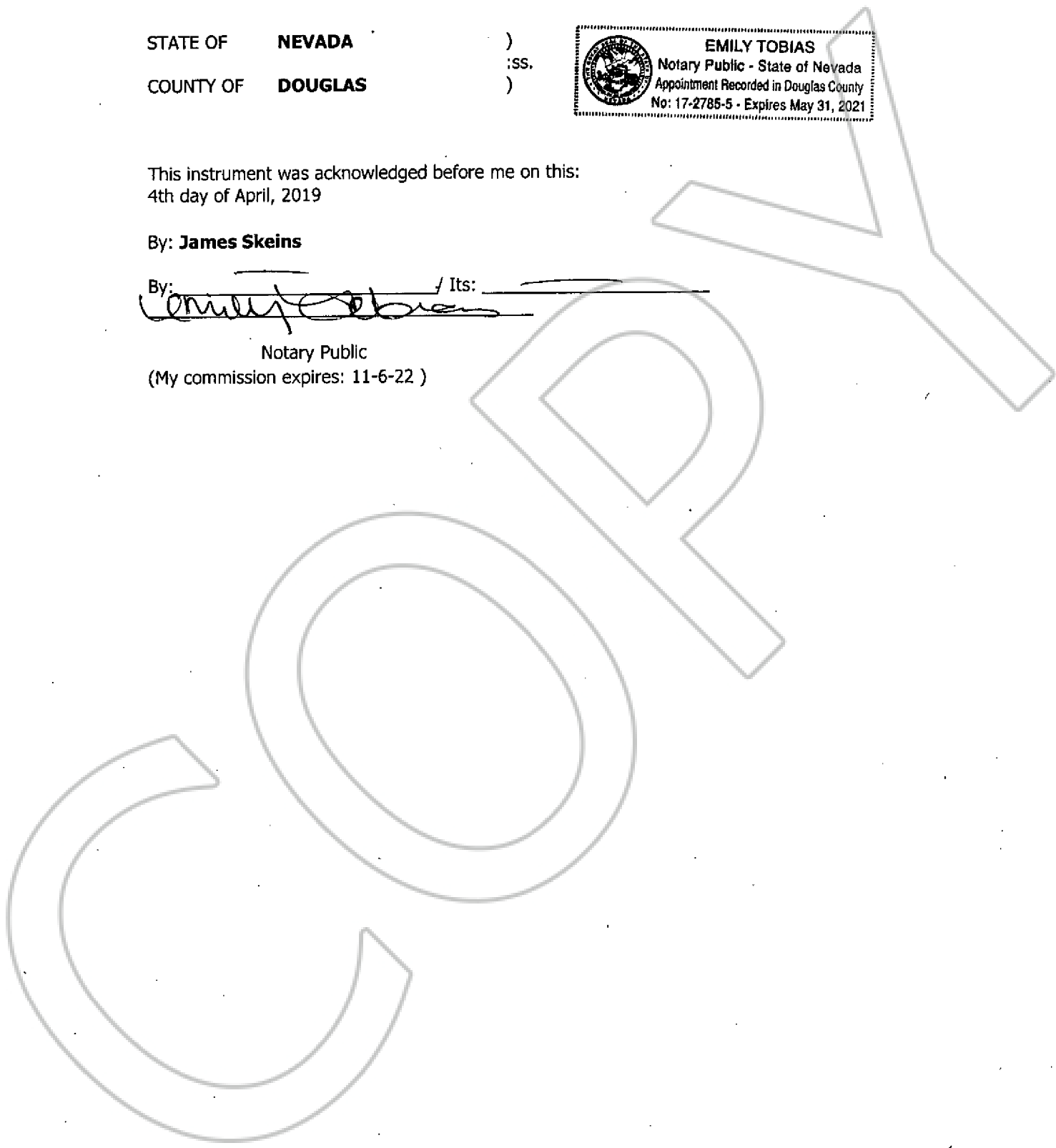


This instrument was acknowledged before me on this:  
4th day of April, 2019

By: **James Skeins**

By: \_\_\_\_\_ / Its: \_\_\_\_\_  
*Emily Tobias*

Notary Public  
(My commission expires: 11-6-22 )



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

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

CASE FILE NO. 4053734

**CERTIFICATE OF DEATH**

2018023027  
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)<br><b>Carolyn Ann SKEINS</b>   |  | 2. DATE OF DEATH (Mo/Day/Year)<br><b>December 01, 2018</b>  |   | 3a. COUNTY OF DEATH<br><b>Carson City</b>   |  |
| 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Carson City</b>  |  | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address)<br><b>Continuicare Hospital of Carson Tahoe, Inc.</b> |   | 3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify)<br><b>Inpatient</b>                                    |  |
| 4. SEX<br><b>Female</b>   |  | 5 RACE (Specify)<br><b>White</b>  |   | 6. Hispanic Origin? Specify No - Non-Hispanic   |  |
| 7a. AGE-Last birthday (Years)<br><b>74</b>  |  | 7b. UNDER 1 YEAR<br>MOS DAYS  |   | 7c. UNDER 1 DAY<br>HOURS MINS   |  |
| 8. DATE OF BIRTH (Mo/Day/Yr)<br><b>February 08, 1944</b>  |  | 9a. STATE OF BIRTH (If not USCA, name country)<br><b>California</b>   |   | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>   |  |
| 10. EDUCATION<br><b>14</b>  |  | 11. MARITAL STATUS (Specify)<br><b>Married</b>  |   | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)<br><b>James Anthony SKEINS</b>                            |  |
| 13. SOCIAL SECURITY NUMBER<br><b>5927</b>   |  | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)   |   | 14b. KIND OF BUSINESS OR INDUSTRY   |  |
| <b>Medical Assistant</b>  |  | <b>Medical</b>  |   | Ever in US Armed Forces? <b>No</b>  |  |
| 15a. RESIDENCE - STATE<br><b>Nevada</b>   |  | 15b. COUNTY<br><b>Douglas</b>   |   | 15c. CITY, TOWN OR LOCATION<br><b>Gardnerville</b>  |  |
| 15d. STREET AND NUMBER<br><b>116 Walker St.</b>   |  | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br><b>No</b>  |   |   |  |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>Joseph Michael SMITH</b>  |  |   | 17. MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Mary Vera JOHNSON</b>   |   |  |
| 18a. INFORMANT- NAME (Type or Print)<br><b>James Anthony SKEINS</b>   |  |   | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)<br><b>116 Walker St Gardnerville, Nevada 89410</b>   |   |  |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Cremation</b>  |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>Truckee Meadows Crematory</b>   |   | 19c. LOCATION City or Town State<br><b>Sparks Nevada 89431</b>  |  |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>ANDREW W JOYCE</b><br>SIGNATURE AUTHENTICATED  |  | 20b. FUNERAL DIRECTOR LICENSE NUMBER<br><b>FD936</b>  |   | 20c. NAME AND ADDRESS OF FACILITY<br><b>Nevada Funeral Services</b><br><b>3094 Research Way #63, Carson City NV 89705</b> |  |
| 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)<br><b>JOSE AGUIRRE MD</b><br>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)<br><b>December 05, 2018</b>  |  | 21c. HOUR OF DEATH<br><b>13:19</b>  |   | 22b. DATE SIGNED (Mo/Day/Yr)  |  |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  |  | 22c. 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)<br><b>Jose Aguirre MD - 1600 Medical Parkway Carson City, NV 89703</b>                        |  |   |   | 23b. LICENSE NUMBER<br><b>11479</b>   |  |
| 24a. REGISTRAR (Signature)<br><b>CATHERINE E SIMPSON</b><br>SIGNATURE AUTHENTICATED   |  | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>December 05, 2018</b>   |   | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br>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>Encephalopathy</b>   |  |   |   |   |  |
| DUE TO, OR AS A CONSEQUENCE OF:   |  |   |   | Interval between onset and death  |  |
| (c) <b>Cirrhosis Of Liver</b>   |  |   |   |   |  |
| DUE TO, OR AS A CONSEQUENCE OF:   |  |   |   | Interval between onset and death  |  |
| (d) <b>Anemia</b>   |  |   |   |   |  |
| PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.<br><b>Thrombocytopenia; Urinary Tract Infection; Sepsis; Unknown Etiology.</b> |  |   |   | 26. AUTOPSY (Specify Yes or No)<br><b>No</b>  |  |
| 27. WAS CASE REFERRED TO CORNER (Specify Yes or No)<br><b>No</b>  |  |   |   |   |  |
| 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

000746939



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: 12/7/2018

*Julie Katchmar*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

