

APN# 1121-05-510-025

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: VICTORIA MESSER

Address: 119 MARK 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.: 1121-05-510-025
File No: 143-2562478 (mk)

When Recorded return to, and mail Tax Statements to:
Victoria Messer
119 Mark Street
Gardnerville, NV 89410

AFFIDAVIT - TERMINATING JOINT TENANCY

Victoria D. Messer, of legal age, being first duly sworn, deposes and says:

That **David H. Messer**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **David H. Messer** named as one of the parties in that certain **Quitclaim** dated **9-12-2017** executed by **Leon Mark Kizer** to **Victoria D. Messer** as joint tenants, recorded as Document No. **2018-922766** on **11-26-2018** 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 2, AS SET FORTH ON THE AMENDED RECORD OF SURVEY OF PINEVIEW DEVELOPMENT, UNIT NO. 1, FILED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER ON APRIL 6, 2000, IN BOOK 0400, PAGE 926, FILE NO. 489475.

Victoria D. Messer 5/24/19

Victoria D. Messer

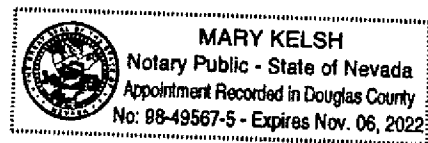
Date

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

This instrument was acknowledged before me on this:

24 day of May, 2019

By: **Victoria D. Messer**



By: Mary Kelsch / Its: _____

Notary Public

(My commission expires: 11-6)

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

ORIGINAL

6881

DEPARTMENT OF HUMAN RESOURCES

**DIVISION OF HEALTH
 VITAL STATISTICS**

**STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
 DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
 CERTIFICATE OF DEATH**

| | | | |
|---|--|--|--|
| LOCAL FILE NUMBER | | STATE FILE NUMBER | |
| DECEASED—NAME First Middle Last | | DATE OF DEATH (Month, Day, Year) | |
| 1. David H. MESSER | | 2. April 27, 2005 | |
| CITY, TOWN OR LOCATION OF DEATH | | COUNTY OF DEATH | |
| 3b. Gardnerville | | 3a. Douglas | |
| HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) | | SEX | |
| 3c. 119 Mark St. | | 4. Male | |
| RACE—(e.g., White, Black, American Indian, etc.) (Specify) | | DATE OF BIRTH (Mo., Day, Yr.) | |
| 5. White | | 8. July 19, 1938 | |
| Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | |
| 6. _____ | | 10. Married | |
| AGE—Last Birthday (Years) | | SURVIVING SPOUSE (If wife, give maiden name) | |
| 7a. 66 | | 12. Victoria Allie | |
| STATE OF BIRTH (If not U.S.A., name country) | | CITIZEN OF WHAT COUNTRY | |
| 9a. Montana | | 9b. U.S.A. | |
| SOCIAL SECURITY NUMBER | | Decedent's Education. Specify highest grade completed. | |
| 13. _____ 6881 | | 10. 12 Years | |
| USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) | | KIND OF BUSINESS OR INDUSTRY | |
| 14a. Manager | | 14b. Grocery Industry | |
| RESIDENCE—STATE | | CITY, TOWN, OR LOCATION | |
| 15a. Nevada | | 15c. Gardnerville | |
| COUNTY | | STREET AND NUMBER | |
| 15b. Douglas | | 15d. 119 Mark St. | |
| INSIDE CITY LIMITS (Specify Yes or No) | | FATHER—NAME First Middle Last | |
| 15e. Yes | | 16. Clayton Messer | |
| MOTHER—MAIDEN NAME First Middle Last | | 17. Helen Peoples | |
| INFORMANT—NAME (Type or Print) | | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) | |
| 18a. Vickie Messer - Wife | | 18b. 119 Mark St. Gardnerville, Nevada 89410 | |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) | | CEMETERY OR CREMATORY—NAME | |
| 19a. Cremation | | 19b. FitzHenry's Crematory | |
| FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) | | LOCATION City or Town State | |
| 20a. <i>[Signature]</i> | | 19c. Carson City, Nevada | |
| FUNERAL DIRECTOR LICENSE NUMBER | | NAME AND ADDRESS OF FACILITY | |
| 20b. 217 | | 20c. Home, 1380 Hwy 395, Gardnerville, NV 89410 | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) | | 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) and manner stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) | |
| 21b. 5/2/05 | | 22b. _____ | |
| 21c. 0910 | | 22c. _____ | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22d. ON PRONOUNCED DEAD (Mo., Day, Yr.) | |
| 23a. Andrea L. Miller M.D., 1374 Bridle Way, Minden, Nevada 89423 | | 22e. AT PRONOUNCED DEAD (Hour) | |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) | | 22f. _____ | |
| REGISTRAR | | LICENSE NUMBER | |
| 24a. <i>[Signature]</i> | | 23b. 8912 | |
| DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) | | DEATH DUE TO COMMUNICABLE DISEASE | |
| 24b. May 2, 2005 | | 24c. 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 | |
| (a) respiratory failure | | Interval between onset and death | |
| (b) metastatic brain cancer | | Interval between onset and death | |
| (c) | | Interval between onset and death | |
| OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. | | AUTOPSY (Specify Yes or No) | |
| PART 1 | | 26. No | |
| PART 2 | | 27. No | |
| WAS CASE REFERRED TO CORONER (Specify Yes or No) | | 28. _____ | |
| ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) | | DATE OF INJURY (Mo., Day, Yr.) | |
| 28a. _____ | | 28b. _____ | |
| HOUR OF INJURY | | DESCRIBE HOW INJURY OCCURRED | |
| 28c. _____ | | 28d. _____ | |
| INJURY AT WORK (Specify Yes or No) | | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) | |
| 28e. _____ | | 28f. _____ | |
| LOCATION. | | STREET OR R.F.D. No. | |
| 28g. _____ | | CITY OR TOWN | |
| 28h. _____ | | STATE | |

STATE REGISTRAR

No. 286912

62775

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:

MAY - 2 2005

STATE REGISTRAR

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

