

APN# 1220-17-614-007

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: CHARLES A. GARRISON

Address: 9278 ASH CREEK CT

City/State/Zip: BROOKSHIRE TX 77423

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.: 1220-17-614-007
File No: 143-2565158 (mk)

When Recorded return to, and mail Tax Statements to:
Charles A. Garrison
9278 Ash Creek Ct
Brookshire TX 77423

AFFIDAVIT - TERMINATING JOINT TENANCY

Charles A. Garrison, of legal age, being first duly sworn, deposes and says:

That **Jerauld Leroy Garrison**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Jerauld L. Garrison** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **May 24, 1988** executed by **Winifred Alice Ethel Walden, Surviving Trustee to Charles A. Garrison and Jerauld L. Garrison and Helen R. Garrison** as joint tenants, recorded as Document No. **178854** on **May 27, 1988** in Book **588** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

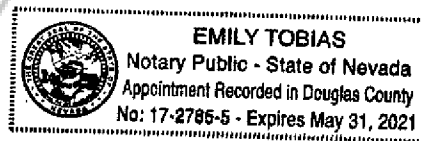
LOT 25, IN BLOCK G, AS SAID LOT AND BLOCK ARE SHOWN ON THAT CERTAIN MAP ENTITLED "AMENDED MAP RANCHOS ESTATES", FILED FOR RECORD ON OCTOBER 30, 1972, IN BOOK 1072 PAGE 642, AS DOCUMENT NO. 62493.



Charles A. Garrison,

Date 6-27-19

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



This instrument was acknowledged before me on this:
27 day of June, 2019

By: **Charles A. Garrison**
Trust, dated July 8, 2009

By:  Its: _____

Notary Public
(My commission expires: 5/31/21)

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
 HEALTH DEPARTMENT
 PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3200609000851

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF OCCIDENT — FIRST (GIVEN)		3. LAST (FAMILY)	
Jerauld		Garrison	
2. MIDDLE		4. DATE OF BIRTH (month/day)	
Leroy		05/17/1926	
5. AGE (Yr.)		6. SEX	
80		M	
7. DECEASED (M/F)			
M			
8. BIRTH STATE/PROVINCE/COUNTRY		11. EVER IN U.S. ARMED FORCES?	
KS		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
10. SOCIAL SECURITY NUMBER		12. MARITAL STATUS (at time of death)	
6712		Married	
13. EDUCATION — Highest Level/Type (and equivalent in SEC)		14. DECEASED'S RACE — Use to 3 words only, no blend (see instructions on back)	
HS Graduate		White	
15. WAS DECEASED HISPANIC/LATINO/SPANISH? (If yes, see instruction on back)		16. DECEASED'S RACE — Use to 3 words only, no blend (see instructions on back)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		White	
17. USUAL OCCUPATION — Type of work for most of the life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.)	
Police Officer		Law Enforcement	
19. YEARS IN OCCUPATION			
22			
20. DECEASED'S RESIDENCE (Street and number or location)			
1188 Manhattan Way			
21. CITY		22. COUNTY/PROVINCE	
Gardnerville		Douglas	
23. ZIP CODE		24. YEARS IN COUNTY	
89410		20	
25. STATE/PROVINCE/COUNTRY		26. INFORMANT'S NAME, RELATIONSHIP	
NV		Helen Garrison - Wife	
27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		28. NAME OF SURVIVING SPOUSE — FIRST	
1188 Manhattan Way, Gardnerville, NV 89410		Helen	
29. MIDDLE		30. LAST (Hidden Name)	
Roberta		Kapamas	
31. NAME OF FATHER — FIRST		32. MIDDLE	
Charles		Garrison	
33. LAST		34. BIRTH STATE	
Reynolds		MO	
35. NAME OF MOTHER — FIRST		36. MIDDLE	
Nina		Reynolds	
37. LAST		38. BIRTH STATE	
Reynolds		IL	
39. DEPOSITION DATE (month/day)		40. PLACE OF FINAL DEPOSITION	
11/06/2006		RES: Helen Garrison - Wife, 1188 Manhattan Way, Gardnerville, NV 89410	
41. TYPE OF DEPOSITION		42. SIGNATURE OF DECEASED	
CR/TR		Not Embalmed	
43. LICENSE NUMBER		44. SIGNATURE OF LOCAL REGISTRAR	
FD1180		[Signature]	
45. DATE (month/day)		46. DATE (month/day)	
11/07/2006 OH		11/07/2006 OH	
101. PLACE OF DEATH			
Barton Memorial Hospital			
102. COUNTY			
El Dorado			
103. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)			
2170 South Ave. South Lake Tahoe			
104. CITY			
South Lake Tahoe			
105. CAUSE OF DEATH			
Enter the chain of events — essential lesions, or conditions — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator failure unless showing the etiology. DO NOT ABBREVIATE.			
106. IMMEDIATE CAUSE (Final lesion or condition resulting in death)		107. THE DEATH REPORTED TO CORONER (Date and Death)	
Cardiorespiratory Arrest		Immed	
108. UNDERLYING CAUSE (Immediate cause of death)		109. BIRTH REPORTED TO CORONER (Date and Death)	
Metastatic Adenocarcinoma of lung		1 Year	
110. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE (Even if not reported to coroner)		111. WAS OPERATIONS PERFORMED FOR ANY CONDITION IN ITEM 107 OR 109? (If yes, see type of operation and date)	
Chronic Obstructive Pulmonary Disease		Pleurectomy 10/17/2005	
112. SIGNATURE AND TITLE OF PHYSICIAN		113. LICENSE NUMBER	
[Signature]		C40455	
114. DATE (month/day)		115. DATE (month/day)	
10/29/2006		11/02/2006	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, CODE			
Bruce Daugherty, M.D.; P.O. Box 629, S. Lake Tahoe, CA 96158			
117. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.			
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.			
119. MANNER OF DEATH (If yes, see instruction on back)			
Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK			
120. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
121. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
122. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
123. SIGNATURE OF CORONER / DEPUTY CORONER			
[Signature]			
124. DATE (month/day)			
125. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
[Signature]			
STATE REGISTRAR		FAX AUTH. #	
A B C D E		0807	
CENSUS TRACT			

CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF EL DORADO

* 000100372 *

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.

DATE ISSUED **NOV 28 2006**

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

Jason Eberhart-Phillips
 JASON EBERHART-PHILLIPS, M.D.
 COUNTY HEALTH OFFICER



**EL DORADO COUNTY
HEALTH DEPARTMENT
PLACERVILLE, CALIFORNIA**

AFFIDAVIT TO AMEND A RECORD

32 00 609 000 850
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DEATHS AFTER 1-1994

NO ERASURES, WHITEOUTS, OR ALTERATIONS

STATE/LOCAL REGISTRAR USE ONLY	1.	2.	3.
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PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN) Jerauld	2. MIDDLE Leroy	3. LAST (FAMILY) Garrison
	4. SEX M	5. DATE OF EVENT—MM/DD/CCYY 11/01/2006	6. CITY OF OCCURRENCE South Lake Tahoe
ADDITIONAL INFORMATION TO LOCATE RECORD	7. COUNTY OF OCCURRENCE El Dorado		9. MOTHER'S NAME AS STATED ON ORIGINAL Nina Reynolds
	8. FATHER'S NAME AS STATED ON ORIGINAL Charles Garrison		

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

LIST ONE ITEM PER LINE	10. CERTIFICATE ITEM NUMBER	11. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	12. INFORMATION AS IT SHOULD APPEAR
		10	522-20-6712

REASON FOR CORRECTION	13. <u>Incorrect Social Security Number</u>
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AFFIDAVITS AND SIGNATURES
We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO PERSONS MUST SIGN THIS FORM	14. SIGNATURE OF FIRST PERSON	15. TITLE/RELATIONSHIP TO PERSON IN PART I	16. DATE SIGNED—MM/DD/CCYY
		Funeral Director	11/21/2006
USE BLACK INK ONLY	17. AGE	18. ADDRESS (STREET, CITY, STATE, ZIP)	
	Legal Age	887 Emerald Bay Rd., South Lake Tahoe, CA 96150	
STATE/LOCAL REGISTRAR USE ONLY	19. SIGNATURE OF SECOND PERSON	20. TITLE/RELATIONSHIP TO PERSON IN PART I	21. DATE SIGNED—MM/DD/CCYY
		Funeral Director	11/21/2006
	22. AGE	23. ADDRESS (STREET, CITY, STATE, ZIP)	
	Legal Age	887 Emerald Bay Rd., South Lake Tahoe, CA 96150	
	24. SIGNATURE OF STATE OR LOCAL REGISTRAR	25. DATE ACCEPTED FOR REGISTRATION—MM/DD CCYY	
		11/27/2006	

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JAMES EBERHART-PHILLIPS, M.D.
COUNTY HEALTH OFFICER

