

APN: 131823813012

Recording Requested By:

Mark D. Hart
194 Kingsbury Circle
Stateline, NV 89449

After Recording Mail To:

Mark D. Hart
194 Kingsbury Circle
Stateline, NV 89449

Send Subsequent Tax Bills To:

Mark D. Hart
194 Kingsbury Circle
Stateline, NV 89449

65727556-5020431

① AFFIDAVIT TERMINATING JOINT TENANCY

The undersigned, Mark D. Hart of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That Lorraine K. Hart having become deceased on June 3, 2010, pursuant to the attached certified copy Certificate of Death, is the same person as Lorraine K. Hart named as one of the parties in that certain Deed dated August 8, 2005 by James H. Don and Mitzi E. Don, as Trustees under that certain Declaration of Trust Dated September 26, 1994 to Mark D. Hart and Lorraine K. Hart, husband and wife, as joint tenants, recorded on August 15, 2005, as Recorded Document No. 0652279 of Official Records of the Douglas County Recorder's Office, Douglas County, State of Nevada.

2. The real property subject hereof is situated in the County of Douglas, State of Nevada, bounded and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.

MORE commonly known as: 194 Kingsbury Circle
Stateline, NV 89449

Per NRS 111.312 – The Legal Description appeared previously in Deed, recorded on August 15, 2005, as Document No. 0652279 in Douglas County Records, Douglas County, Nevada.

3. That the undersigned affiant, Mark D. Hart, is the surviving spouse and/or joint tenant of the named decedent.

I, Mark D. Hart, hereby affirm that this document submitted for recording contains personal information (social security number, driver's license number or identification card number) of a person as required by a specific law, public program or grant that requires the inclusion of the personal information. The Nevada Revised Statute (NRS), public program or grant referenced is (NRS) 40.525.



Mark D. Hart

Affiant
Title

(Attached to and becoming a part of Affidavit Terminating Joint Tenancy dated: June 3, 2010 for Lorraine K. Hart.) *ff in 2019 by*

WITNESS my/our hands, this 28 day of June 3, 2019.

Mark D. Hart
Mark D. Hart

STATE OF Nevada)

COUNTY OF Douglas)
SS

This instrument was acknowledged before me, this 28 day of June, 2019, by Mark D. Hart.

Thomas Flynn
Notary Public

Notary
Title and Rank
My Commission Expires: 5-5-23

NOTARY STAMP/SEAL

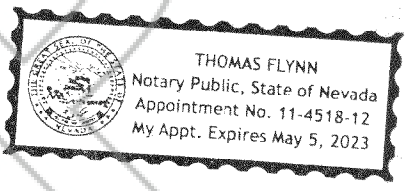
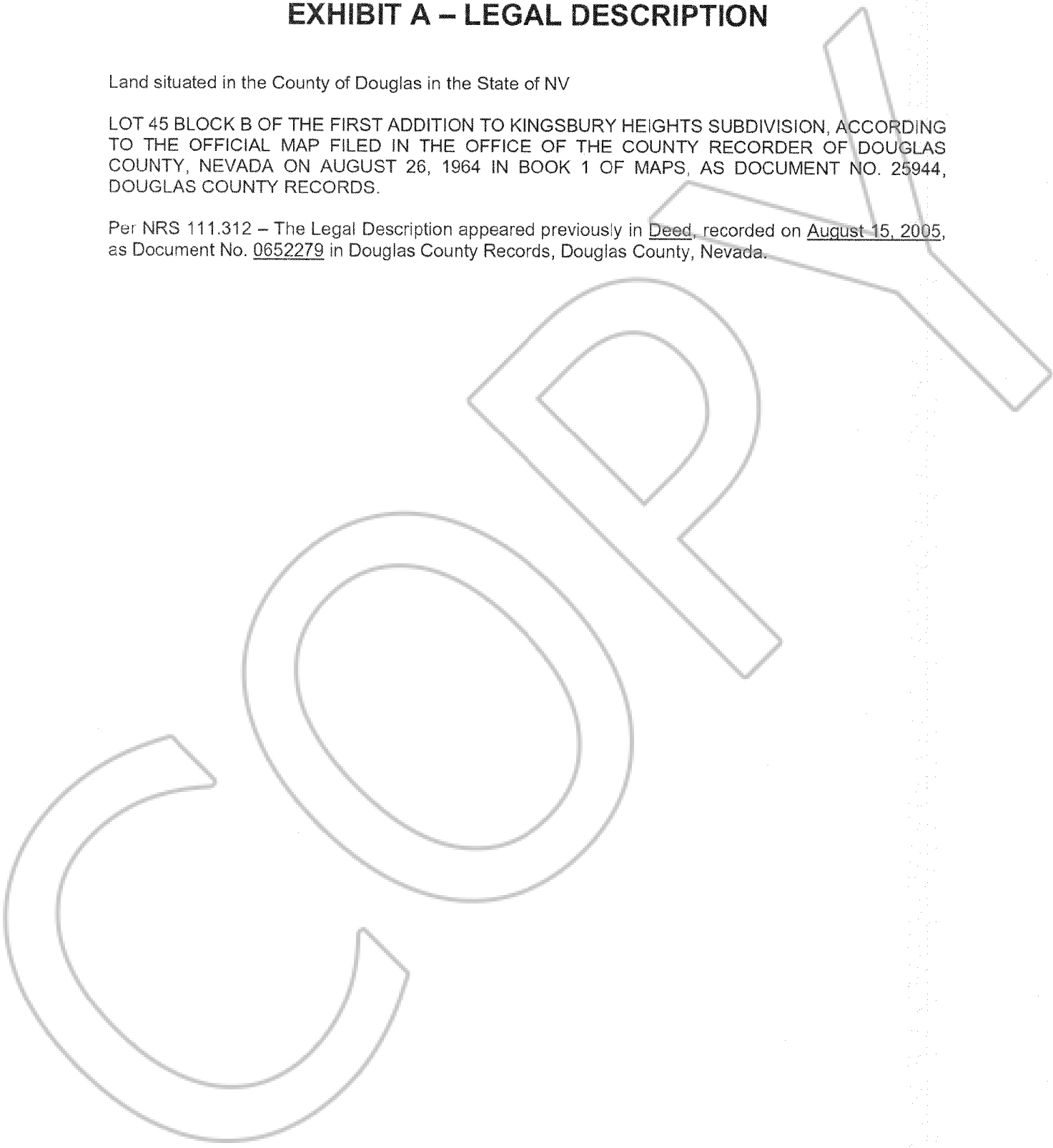


EXHIBIT A – LEGAL DESCRIPTION

Land situated in the County of Douglas in the State of NV

LOT 45 BLOCK B OF THE FIRST ADDITION TO KINGSBURY HEIGHTS SUBDIVISION, ACCORDING TO THE OFFICIAL MAP FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON AUGUST 26, 1964 IN BOOK 1 OF MAPS, AS DOCUMENT NO. 25944, DOUGLAS COUNTY RECORDS.

Per NRS 111.312 – The Legal Description appeared previously in Deed, recorded on August 15, 2005, as Document No. 0652279 in Douglas County Records, Douglas County, Nevada.



CERTIFICATE OF DEATH

STATE FILE NUMBER (For State Use only. Do not write in this box)

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) Lorraine K. Hart				2. SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		3. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YYYY) (Spell Month) 06/03/2010 June		4. ACTUAL OR PRESUMED TIME OF DEATH 9:20 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM				
5. AGE LAST BIRTHDAY 63		6. UNDER 1 YEAR Mo. Days Hours Min.		7. DATE OF BIRTH (MM/DD/YYYY) September 1 1946		8. BIRTHPLACE (City, State or Foreign Country) China						
9. RESIDENCE (State) Connecticut			10. RESIDENCE (County) Fairfield			11. RESIDENCE (City or Town) Greenwich		12. RESIDENCE (Street and No.) 20 Division Street		13. APT. NO.		
14. ZIP CODE 06830		15. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		16. MARITAL STATUS AT TIME OF DEATH: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		17. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) Mark Hart						
18. FATHER'S NAME (First, Middle, Last) Parker Kwan					19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Peggy Eng							
20. INFORMANT'S NAME Mark Hart				21. INFORMANT'S RELATIONSHIP TO DECEDENT Husband		22. MAILING ADDRESS (Street and Number, City, State, Zip Code) 20 Division St Greenwich CT 06830						
23. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/outpatient <input type="checkbox"/> Dead on Arrival			24. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (specify)			25. FACILITY NAME (If not institution, give street & number) 20 Division St						
26. CITY OR TOWN OF DEATH GREENWICH		ZIP CODE 06830		27. COUNTY OF DEATH FAIRFIELD		28. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (specify)		32. WAS BODY EMBALMED? If yes, Name of Embalmer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
29. DISPOSITION (Name of cemetery, crematory, other place) Riverview Crematory			30. LOCATION (city/town, state) Old Saybrook CT			31. DATE (MM/DD/YYYY) 06/7/2010		35. LICENSE NUMBER OF SIGNEE IN BOX 34 2637				
33. FUNERAL FACILITY - Name and Address (street, town, state, zip) Leo P. Gallagher & Son Funeral Home 31 Arch Street Greenwich CT 06830					34. SIGNATURE OF FUNERAL DIRECTOR OR EMBALMER <i>Michael B. Joly</i>			35. LICENSE NUMBER OF SIGNEE IN BOX 34				
36. DATE PRONOUNCED DEAD (MM/DD/YYYY) 06/03/2010		37. TIME PRONOUNCED 4:20 AM		38. NURSE PRONOUNCEMENT NAME AND DEGREE OR TITLE (Print) Susan B. Asselin, RN, BSPH		39. SIGNATURE <i>Susan B. Asselin RN</i>		40. DATE SIGNED 06/03/2010				
41. WAS MEDICAL EXAMINER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			42. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			43. WERE THE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No						
44. PART I. Enter the chain of events - diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.							APPROXIMATE INTERVAL ONSET TO DEATH					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → METASTATIC BREAST CANCER							17 years					
Sequentially list conditions, if any, leading to the cause listed on line (a). Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST												
45. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							46. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year					
47. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown												
48. CERTIFIER (Check only one box) <input checked="" type="checkbox"/> Certifying practitioner - I am the attending practitioner or a practitioner acting on behalf of the attending practitioner and to the best of my knowledge death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying Practitioner - I am the attending practitioner or a practitioner acting on behalf of the attending practitioner and to the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) stated. Ida Holmstrom Sickman Holmstrom MD Greenwich CT 06830												
49. MAILING - CERTIFIER 3 Perry Ridge Rd Greenwich CT 06830			Certifier Name (Type or Print) Ida Holmstrom			Certifier Signature <i>Ida Holmstrom</i>			Title of Certifier MD		Date Certified 06/03/10	
THIS CERTIFICATE WAS RECEIVED FOR RECORD ON: JUN 7 2010				BY Barbara Louder				REGISTRAR				
50. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> 9 th - 12 th grade, no diploma <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input checked="" type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate or Professional degree <input type="checkbox"/> Unknown <input type="checkbox"/> Not available			51. DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No, Not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify)			52. DECEDENT'S RACE <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian Indian <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input checked="" type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (specify) <input type="checkbox"/> Other (specify)						
53. DECEDENT'S USUAL OCCUPATION Teacher				54. KIND OF BUSINESS/INDUSTRY Greenwich Country Day			55. SOCIAL SECURITY NUMBER					

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE COPY OF THE RECORD ON FILE IN THE GREENWICH TOWN CLERK'S OFFICE, EXCEPT SUCH INFORMATION THAT IS NONDISCLOSABLE BY LAW, ATTESTED BY THE RAISED SEAL OF THE TOWN OF GREENWICH.

Barbara Louder
ASSISTANT REGISTRAR JUNE 7, 2010

LEGAL FEE: \$20.00
THIS CERTIFICATE NOT VALID WITHOUT SEAL