DOUGLAS COUNTY, NV

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2019-931436

\$35.00

Pgs=4

07/08/2019 08:43 AM

AMROCK, INC

KAREN ELLISON, RECORDER

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

O 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:

- 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 <u>Deed</u>, recorded on <u>August 15, 2005</u>, as Document No. <u>0652279</u> 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

<u>Affiant</u>

Title

(Attached to and	becoming a	part of orraine K. Hart	Affidavit	Terminating	Joint T	enancy	dated
WITNESS my/our har	nds this 2°	day of	Tun	<u> </u>	, 20 <u> (Ş</u>	.\\	
Mark D. Hart	, ,	avecare.				\	
STATE OF	<u>evoda</u>			_		\	
COUNTY OF	oughs)					\
This instrument was 20 \(\frac{1}{2} \), by Mark D.	acknowledged t	pefore me, thi	s 28	_ day of	UNL		
		1//	//	NOT	ARY STAI	MP/SEAL	
+the	MAD P						
Notary Public	tark V	7,0			THOMAS	SELVIN	1
Title and Rank My Commission Expi	res: 3.5	-23		8 100 × 100 m/0/	otary Public, S Appointment N Ay Appt. Expire	tate of Nevad	, &
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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 <u>Deed</u>, recorded on <u>August 15, 2005</u>, as Document No. <u>0652279</u> in Douglas County Records, Douglas County, Nevada.



VS-4 REV. 1/04
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

TATE FILE NUMBER	(For State Use	only. Do not	write in this	DOX)

	1 ()	2. SEX	3. ACTUAL OR PRESUMED DATE OF DEATH	4. ACTUAL OR PRESUMED
1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle,	, Last)	☐ Male XXFemale	(MM/DD/YYYY) (Spell Month) 06/03/2010 June	JIME OF DEATH JAM
Lorraine K. Hart			CE (City, State or Foreign Country)	
5. AGE LAST BIRTHDAY 6. UNDER 1 YEAR UNDER 1 DAY 7. DAT	E OF BIRTH (MM/DD/YYYY)		JE (City, State of Foreign Country)	
Mo. Days Hours Min.	eptember 1 1946	6 China		★ 1/13:
		RESIDENCE (City or Town)	12. RESIDENCE (Street and N	(o.) 13. APT. NO.
9. RESIDENCE (State) 10. RESIDENCE (Co			20 Division	
Connecticut Fairfield		reenwich		Beree
14. ZIP CODE 15. EVER IN US 16. MARITAL STATUS AT TIME ARMED FORCES? Married Married but sepa		VING SPOUSE'S NAME (If wife	e, give full name prior to first marriage)	14
ARMED FORCES? Married Married but sepa	rated □ Widowed	1_ 11 = == t=	\	14 No. 14 No. 1
06830 ☐ Yes X5 No ☐ Divorced ☐ Never Married	□ Unknown Mar	k Hart	O FIRST MARRIAGE (First, Middle, Last)	
18. FATHER'S NAME (First, Middle, Last)	1		OT MOT MARKINGE (Files, Missis) Esty	
1 77		Peggy Eng	\	1.171
Parker Kwan	21. INFORMANT'S RELATIC	NSHIP 22. MAILING ADDRE	SS (Street and Number, City, State, Zip Code	9)
20. INFORMANT'S NAME	TO DECEDENT Husband		on St Greenwich CT	
Mark Hart		1	A CONTRACTOR OF THE PROPERTY O	
24 IF DEA	TH OCCURRED SOMEWHER	RE OTHER THAN A HOSPITAL	25. FACILITY NAME (If no number)	t institution, give street &
Li nespice	Facility □ Nursing Home			11 400750
Dilloquelle Dictodipatone Doods of the	it's Home		28. METHOD OF DISPOSITION: Burial	
26. CITY OR TOWN OF DEATH ZIP CODE 27. COL	JNTY OF DEATH	ľ	☐ Entombment ☐ Removal from State	
GNELL HUICH DISTO F	MINFIELD		Other (spacify)	
29. DISPOSITION (Name of cemetery, crematory, other place) 30. LOC			31. DATE (MM/DD/YYYY) 32. WAS BODY EI	MBALMED?
	Carabana ola CT		06/7/2010 Tryes, Name of E	mpainea
	Saybrook CT		NERAL DIRECTOR OR EMBALMER	35. LICENSE NUMBER OF
33. FUNERAL FACILITY - Name and Address (street 603) date, Street Greenwich Cf 10683 date,	zip)	34. SIGNATURE OF FUI	VERAL DIRECTOR OR EIVIBALIVIER	SIGNEE IN BOX 34
Leo P. Gallagher & Son Funeral 36. DATE PRONOUNCED DEAD 37. TIME PRONOUNCED 38. NI	Home 31 Arch	1 Wila	15/10-W	2637
Leo P. Gallagner & Son Functal 36 DATE PRONOUNCED DEAD 37. TIME PRONOUNCED 38. NI	URSE PRONOUNCEMENT NAM	E AND DEGREE OR TITLE (Print	1) 39. SIGNATURE	40. DATE SIGNED
36. DATE PRONOUNCED DEAD 37. TIME PRONOUNCED D	Acre	. II. ON ASPH	level on the Charles	lin RN 06/03/2010
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44. PART I. Enter the chain of events - diseases, injuries, or complication respiratory arrest, or ventricular fibrillation without showing the etiology. IMMEDIATE CAUSE (Final disease or condition resulting in death) 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 (b) Due to (or (c) Due to (or (d) Due to (or	as a consequence of): as a consequence of):	Not pregnant within past year ime of death but pregnant within 42 days of do but pregnant 43 days to 1 year bregnant within the past year acting on behalf of the attnicing practice and to the best of miles of the past year acting on behalf of the attnicing practice and to the best of miles of the past year acting the past year acting the past year acting the past year acting the past year. Color Color	ar 47 DID TOBACCO U Yes Probable Probab	SE CONTRIBUTE TO DEATH? IV No Unknown Tred due to the cause(s) and manner stated, place, and due to the cause(s) stated. Date Certified State) (Zip) ian Indian or pnecipal tribe) rean Uvietnamese
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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.

ASSISTANT REGISTRAR JUNE 7, 2010

LEGAL FEE: \$20.00

THIS CERTIFICATE NOT VALID WITHOUT SEAL