

APN: 1420-07-212-006

DOUGLAS COUNTY, NV **2019-932044**  
Rec:\$35.00  
\$35.00 Pgs=5 07/16/2019 01:08 PM  
KINTZ LAW, PLLC  
KAREN ELLISON, RECORDER

**RECORDING REQUESTED BY  
AND WHEN RECORDED MAIL TO:**

Susanna T. Kintz, Esq.  
Kintz Law, PLLC  
913 Tahoe Blvd. #6  
Incline Village, NV 89451

Mail Tax Statement to:  
Patricia Kinder  
3536 Grand View Court  
Carson City, NV 89705

**AFFIDAVIT TERMINATING JOINT TENANT**

STATE OF Nevada )  
 ) ss.  
COUNTY OF Washoe )

The Undersigned, Michelle Kinder, of lawful age, being duly sworn, states as follows:

THAT David M. Kinder, Decedent, the person named in the Certificate of Death attached hereto as "**Exhibit A**" issued by the Department of Health for the State of Nevada, is the same person as David M. Kinder named as one of the joint tenants with right of survivorship under the Corporation Grant, Bargain, Sale Deed, Doc No: 2001-513915, in the official records of Douglas County, Nevada, covering the certain real property commonly known as 3536 Grand View Court, Carson City, NV 89705, APN: 1420-07-212-006, which property is more particularly described in in "**Exhibit B**" attached hereto and incorporated by this reference.

THAT Decedent passed away on 05/09/2019 in Douglas County, Nevada.

THAT Affiant is the daughter of Decedent.

THAT the remaining Joint Tenant, Grantee, and her address is as follows:

Patricia A. Kinder, a single woman, 3536 Grand View Court, Carson City, NV 89705

Dated this 16 day of JULY 2019

*Michelle Kinder*

Michelle Kinder, Affiant

STATE OF NEVADA )  
 ) ss.  
COUNTY OF WASHOE )

This Affidavit of Death of Joint Tenant was subscribed and sworn to before me, Katelyn Welsh, a Notary Public, on this 16<sup>th</sup> day of July, by Michelle Anne Kinder as Affiant.

(Seal)

Katelyn Welsh  
Notary Public

My Commission Expires: 2-19-2020

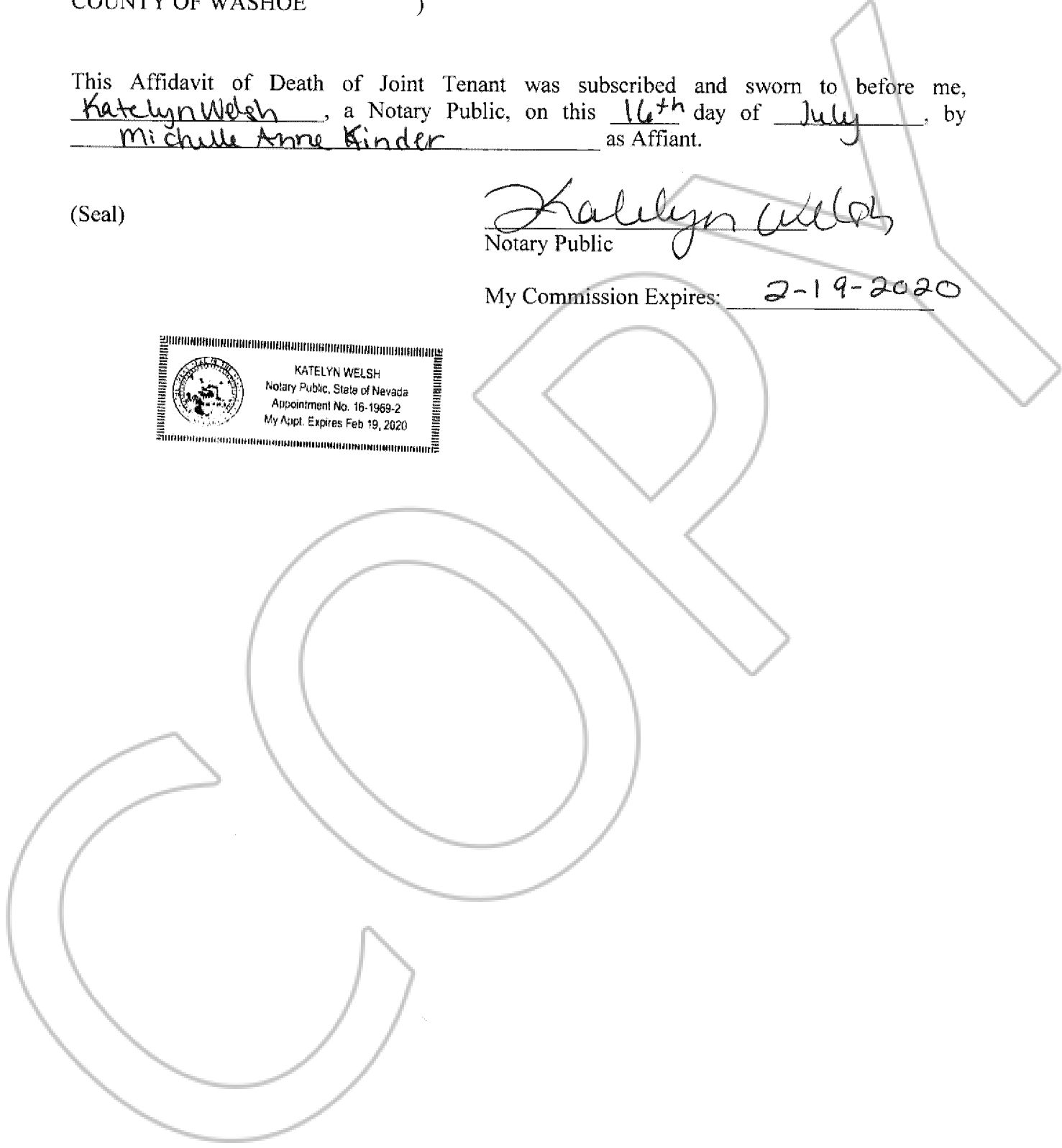
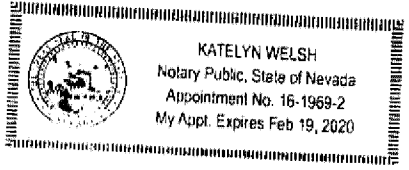
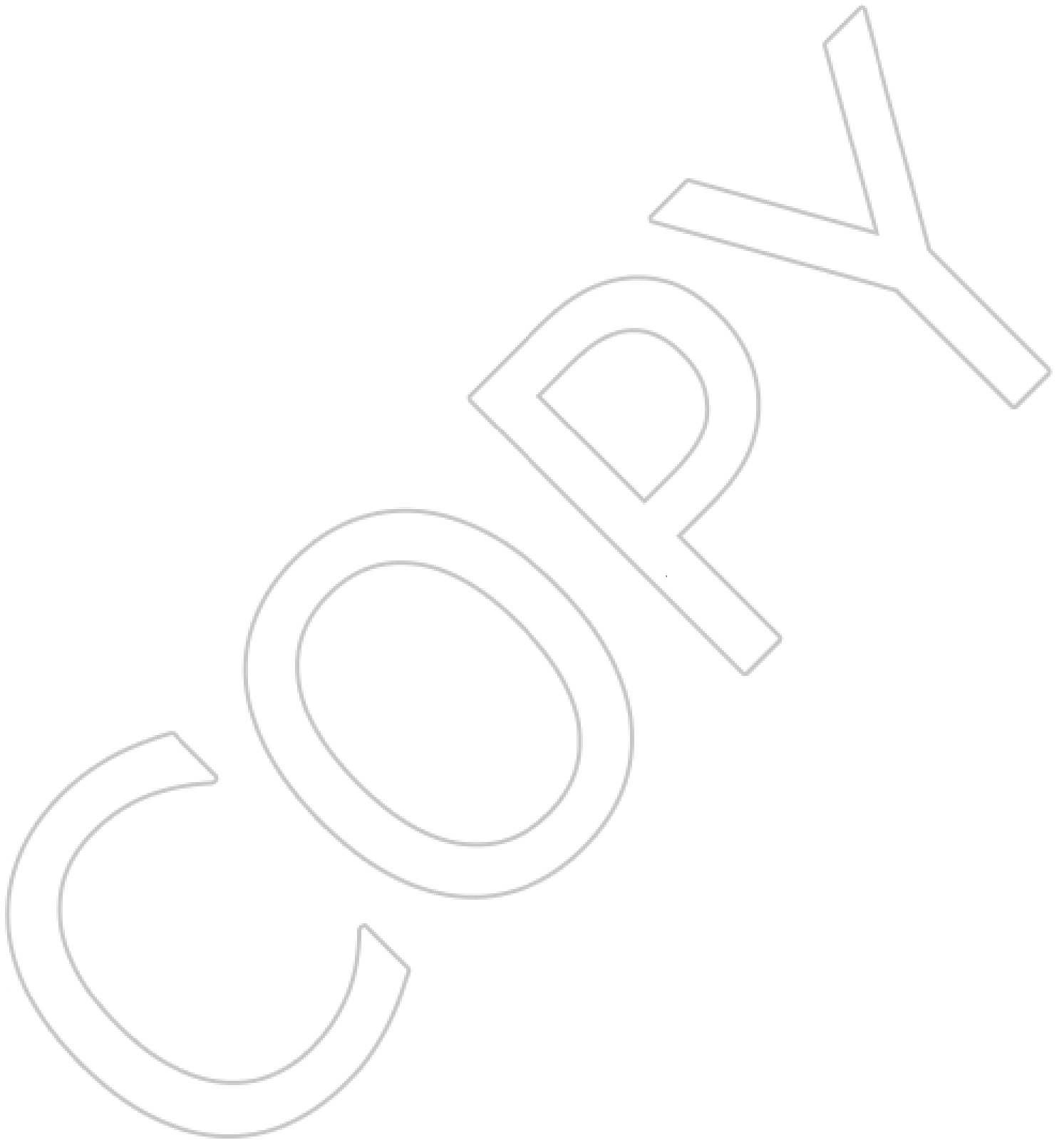


EXHIBIT "A"



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

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

CASE FILE NO. 4081363

**CERTIFICATE OF DEATH**

2019009880  
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

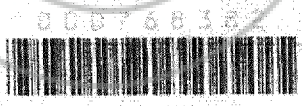
CERTIFIER

REGISTRAR

CAUSE OF  
DEATH

CONDITIONS IF  
ANY WHICH  
GAVE RISE TO  
IMMEDIATE  
CAUSE  
STAYING THE  
UNDERLYING  
CAUSE LAST

1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>David Mills KINDER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 09, 2019</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION Name (If not alther, give street or number) <b>Carson Tahoe Regional Medical Center</b>		3d. If Hosp. or Inst. Indicate DOA, DFI, Emer. Rm. Inpatient (Specify) <b>Intensive Care Unit (ICU)</b>	
4. SEX <b>Male</b>		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last birthday (Years) <b>76</b>		7b. UNDER 1 YEAR (MOS   DAYS)		7c. UNDER 1 DAY (HOURS   MINS)	
8. DATE OF BIRTH (Mo/Day/Yr) <b>August 13, 1942</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Utah</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Patricia Ann GUTER</b>	
13. SOCIAL SECURITY NUMBER <b>3034</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) <b>POLICE OFFICER</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>LAW ENFORCEMENT</b>	
15a. RESIDENCE / STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Carson City</b>	
15d. STREET AND NUMBER <b>3536 Grand View Ct</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		15f. Ever in US Armed Forces? <b>Yes</b>	
16. PARENT - NAME (First Middle Last Suffix) <b>Earl KINDER</b>			17. PARENT - NAME (First Middle Last Suffix) <b>Helen Genevieve ANDERSON</b>		
18a. INFORMANT NAME (Type or Print) <b>Patricia Ann KINDER</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>3536 Grand View Ct. Carson City, Nevada 89701</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Autumn Cremation Services</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD304</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations 1676 N Lompa Ln Carson City NV 89701</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) <b>TODD CHAPMAN MD</b>			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) <b>May 20, 2019</b>		21c. HOUR OF DEATH <b>02:00</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Todd Chapman MD 1470 Medical Pkwy Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>5933</b>	
24a. REGISTRAR (Signature) <b>ANGELICA RAMIREZ</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 20, 2019</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) <b>Acute Myocardial Infarction</b>					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) <b>Coronary Artery Disease</b>					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c) <b>Unknown Etiology</b>					
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I <b>Coronary Artery Bypass Surgery</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
28a. ACC. SUICIDE HOMIC. 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	



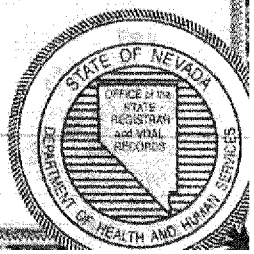
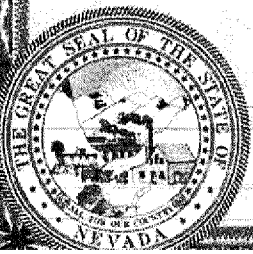
**CERTIFIED COPY OF VITAL RECORDS**

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.

*Jan Shygel*  
**Interim Administrator**  
STATE REGISTRAR

DATE ISSUED: **5/21/2019**

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



VRS-Rev-20120521a

EXHIBIT "B"  
Legal Description

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot H19, in Block H, of VALLEY VISTA ESTATES PHASE 4, according to the map thereof, filed in the office of the Recorder of Douglas County, Nevada, on July 28, 2000, in Book 0700, Page 4819, as Document No. 496654, Official Records.

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