

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 # 2019-931056, and is correcting
JOINT TENANT VESTING REMOVING CHARLES A. GARRISON AS JOINT TENANT- HE IS THE SUCCESSOR TRUSTEE

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

Recorded Electronically	
ID	<u>2019-0810510</u>
County	<u>Douglas</u>
Date	<u>10-27-19</u> Time <u>3:59pm</u>
Simplifile.com 800.460.5657	

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:

CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY
HEALTH DEPARTMENT
PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

3200509000851

STATE PLACER/EL DORADO		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED - FIRST (LAST)		3. MIDDLE	
Jeravid		Leroy	
4. LAST (FIRST)		Garrison	
5. DATE OF BIRTH (month/day/year)		6. AGE AT DEATH (month/year)	
05/17/1926		80	
7. SEX (M/F)		8. RACE	
M		White	
9. HOURS OF DEATH		10. MARRIAGE STATUS (before a legal ceremony)	
1405		Married	
11. OCCUPATION (Type of work for which he or she is best known)		12. YEARS IN OCCUPATION	
Police Officer		22	
13. TYPE OF BUSINESS OR INDUSTRY (Type, primary work, and occupation, employer agency, etc.)		14. YEARS IN OCCUPATION	
Law Enforcement		22	
15. DECEASED'S RESIDENCE (Street name and number or location)			
1188 Manhattan Way			
16. CITY		17. STATE (Abbreviation)	
Gardnerville		NV	
18. DECEASED'S MARITAL STATUS (Date and location of legal marriage, if any, date, city)		19. DECEASED'S MARITAL ADDRESS (Street name and number or location, city, state, zip)	
Helen Garrison - Wife		1188 Manhattan Way, Gardnerville, NV 89410	
20. NAME OF DECEASED'S SPOUSE - FIRST		21. MIDDLE	
Helen		Roberta	
22. LAST (FIRST)		23. LAST (FIRST)	
Kapamas		Garrison	
24. STATE (Abbreviation)		25. STATE (Abbreviation)	
MO		IL	
26. NAME OF DECEASED'S FATHER - FIRST		27. MIDDLE	
Charles		Garrison	
28. LAST (FIRST)		29. LAST (FIRST)	
Reynolds		Reynolds	
30. STATE (Abbreviation)		31. STATE (Abbreviation)	
IL		IL	
32. DECEASED'S DATE OF DEPARTURE		33. PLACE OF FINAL DEPOSITION	
11/06/2006		RES: Helen Garrison - Wife, 1188 Manhattan Way, Gardnerville, NV 89410	
34. TYPE OF DEPOSITION		35. SIGNATURE OF DECEASED	
CR/TR		Not Embalmed	
36. NAME OF FUNERAL ESTABLISHMENT		37. LICENSE NUMBER	
McFarlane Mortuary		FD1180	
38. DATE RECEIVED		39. SIGNATURE OF LOCAL REGISTRAR	
11/07/2006 OH		[Signature]	
40. PLACE OF DEATH		41. NAME OF HOSPITAL (If not a hospital, specify one)	
El Dorado		Barton Memorial Hospital	
42. STREET ADDRESS OF LOCATION WHERE DEATH OCCURRED (If not a hospital, specify one)		43. CITY	
2170 South Ave.		South Lake Tahoe	
44. CAUSE OF DEATH (Enter the cause of death in medical terms, or conditions - that clearly caused death. DO NOT use technical terms but do include detail, especially when a condition follows another during the attack. DO NOT abbreviate.)			
Cardiorespiratory Arrest			
45. UNDERLYING CAUSE (Specify condition or condition resulting in death)			
Metastatic Adenocarcinoma of lung			
46. CHRONIC DISEASES (Specify conditions that contributed to the death, but do not list any conditions that were not a cause of death)			
Chronic Obstructive Pulmonary Disease			
47. HAS DECEASED BEEN RECORDED FOR ANY CONDITION IN THE STATE OF CALIFORNIA (If yes, specify the condition)			
Pneumecomy 10/17/2005			
48. DATE OF DEATH		49. TIME OF DEATH (month/day/year)	
10/16/2006		10/29/2006	
50. SIGNATURE AND TITLE OF DECEASED'S NEAREST RELATIVE (If not a next of kin, specify the relationship)		51. LICENSE NUMBER	
Bruce Daugherty, M.D., P.C. Box 7429, S. Lake Tahoe, CA 96158		C40455	
52. DATE RECEIVED		53. SIGNATURE OF LOCAL REGISTRAR	
11/02/2006		[Signature]	
54. DECEASED'S MARRIAGE STATUS (before a legal ceremony)			
Married			
55. HOURS OF DEATH			
1405			
56. PLACE OF DEATH (Type, name, institution, etc. - street name, city, state, zip)			
Barton Memorial Hospital			
57. DESCRIBE HOW DEATH OCCURRED (Give a brief description)			
58. LOCATION OF DEATH (Type, name, institution, etc. - street name, city, state, zip)			
Barton Memorial Hospital			
59. SIGNATURE OF CORONER / DEPUTY CORONER		60. DATE RECEIVED	
[Signature]		11/02/2006	
61. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		62. COUNTY TRACT	
Deputy Coroner		0807	
STATE RECEIPT NAME			
A B C D E			

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 Edmister
JASON EDMISTER-ANILLOS, M.D.
DEPUTY HEALTH OFFICER



