

APN# 1121-05-512-012

Recording Requested by:

Name: First American Title Insurance Company
Address: 1663 US Highway 395, Suite 101
City/State/Zip: Minden, NV 89423
Order Number: 143-2574587

Affidavit- Terminating Joint Tenancy (for Recorder's use only)
(Title of Document)

Recorder Affirmation Statement

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: 440.380
(State specific law)

Nichole McDonald Escrow Assistant
Signature Title

Nichole McDonald
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)

A.P.N.: 1121-05-512-012
File No: 143-2574587 (mk)

When Recorded return to, and mail Tax Statements to:

Victoria Steed
c/o Reva Rountree
4646 S. Edmonds
Carsor city NV 89701

AFFIDAVIT - TERMINATING JOINT TENANCY

Victoria S. Steed, of legal age, being first duly sworn, deposes and says:

That **Douglas C. Steed**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Douglas C. Steed** named as one of the parties in that certain **Quitclaim Deed** dated **11-19-2018** executed by **Pine View Estates Home Owners Association** to **Victoria S. Steed and Douglas C. Steed** as joint tenants, recorded as Document No. **2018-922648** on **11-21-2018** in Book **N/A** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

LOT 83, AS SET FORTH ON THE AMENDED RECORD OF SURVEY FOR PINEVIEW DEVELOPMENT, UNIT NO. 3, FILED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER ON SEPTEMBER 10, 2002, IN BOOK 0902, PAGE 2510, FILE NO. 551762.

Victoria S Steed 10/8/19

Victoria S. Steed

Date

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

This instrument was acknowledged before me on this:
8th day of October 2019

By: **Victoria S. Steed**

By: Mary Kelsh / Its: _____

Notary Public

(My commission expires: 11-6-22)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3997793

CERTIFICATE OF DEATH

2018000498
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
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Douglas Clayton STEED		2. DATE OF DEATH (Mo/Day/Year) January 07, 2018		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street as 257 Walker St.		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		8. DATE OF BIRTH (Mo/Day/Yr) July 27, 1959	
6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 58		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
7c. UNDER 1 DAY		7d. UNDER 1 YEAR		7e. UNDER 1 DAY	
9a. STATE OF BIRTH (If not US/CA, name country) Virginia		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Victoria Suzanne JUDD			
13. SOCIAL SECURITY NUMBER 7871		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Sales Representative		14b. KIND OF BUSINESS OR INDUSTRY Food	
14c. Ever in US Armed Forces? Yes		15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 257 Walker St.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Byron Brown STEED			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Barbara Carroll CLARK		
18a. INFORMANT- NAME (Type or Print) Victoria Suzanne STEED		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 257 Walker St. Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTIE D WILDE		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
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) DEREK C SHORT SIGNATURE AUTHENTICATED		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) DEREK C SHORT SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr) January 26, 2018		21c. HOUR OF DEATH 06:52		22b. DATE SIGNED (Mo/Day/Yr) January 07, 2018	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 06:52		22d. PRONOUNCED DEAD (Mo/Day/Yr) January 07, 2018	
22e. PRONOUNCED DEAD AT (Hour) 06:52		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Derek C Short PO Box 218 Minden, NV 89423			
23b. LICENSE NUMBER		24a. REGISTRAR (Signature) MELISSA KNIGHT SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 26, 2018	
24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Atherosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Emphysema; Chronic Alcoholism; Malignant Carcinoid Tumor Of Lung		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. ACC., SUICIDE, HOM., 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		28h. STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

000705567

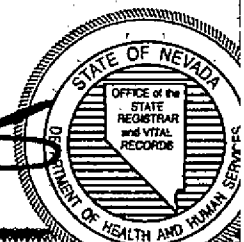
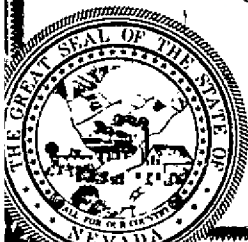


CERTIFIED COPY OF VITAL RECORDS

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.

DATE ISSUED: **JAN 29 2018**

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



VRS-Rev-20120523a