

APN# 1420-35-310-025

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: J. DARLENE KERR

Address: 109 NUECES TRAIL

City/State/Zip: GEORGETOWN TX 78633

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

A.P.N.: 1420-35-310-025
File No: 143-2576787 (mk)

When Recorded return to, and mail Tax Statements to:
J. Darlene Kerr
109 Nucleus-trail
Georgetown TX 78633

AFFIDAVIT - TERMINATING JOINT TENANCY

J. Darlene Kerr, of legal age, being first duly sworn, deposes and says:

That **Michael S. Kerr**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Michael S. Kerr** named as one of the parties in that certain **Quitclaim Deed** dated **5-16-2006** executed by **Syncon Homes , a Nevada Corp.** to **J. Darlene Kerr and Michael S. Kerr** as joint tenants, recorded as Document No. **0676116** on **5-30-2006** in Book **0506** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

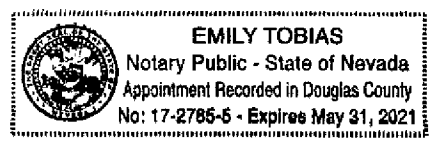
LOT 56 IN BLOCK E AS SET FORTH ON THE FINAL SUBDIVISION MAP FSM #94-04-01 FOR SKYLINE RANCH PHASE 1 FILED FOR RECORD WITH THE DOUGLAS COUNTY RECORDER ON MAY 11, 2001 IN BOOK 0501, OF OFFICIAL RECORDS, PAGE 3298 AS DOCUMENT NO. 514006.

J. Darlene Kerr 26 Nov 2019
J. Darlene Kerr Date

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

This instrument was acknowledged before me on this:
26 day of November, 2019

By: **J. Darlene Kerr**



By: Emily Tobias Its: _____

Notary Public
(My commission expires: 5/31/21)

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4097351

CERTIFICATE OF DEATH

2019015966
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) Michael Scott KERR		2. DATE OF DEATH (Mo/Day/Year) August 10, 2019		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or number) 2641 Skyline Drive		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. DATE OF BIRTH (Mo/Day/Yr) February 19, 1938	
7a. AGE-Last birthday (Years) 81		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) February 19, 1938		9. Hispanic Origin? Specify No - Non-Hispanic		10. EDUCATION 16	
9a. STATE OF BIRTH (if not USCA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		11. MARITAL STATUS (Specify) Married	
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) J Darlene SCOTT		13. SOCIAL SECURITY NUMBER ██████████ 2203		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Lieutenant Colonel	
14b. KIND OF BUSINESS OR INDUSTRY United States Air Force		15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN OR LOCATION Minden		15d. STREET AND NUMBER 2641 Skyline Drive		15e. INSIDE CITY LIMITS (Specify Yea or No) No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Floyd KERR			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Betty Ruth LINSOTT		
18a. INFORMANT- NAME (Type or Print) J Darlene KERR		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2641 Skyline Drive Minden, Nevada 89423			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Autumn Cremation Services		19c. LOCATION City or Town State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE		20b. FUNERAL DIRECTOR LICENSE NUMBER FD304		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) NITA SCHWARTZ MD					
21b. DATE SIGNED (Mo/Day/Yr) August 13, 2019		21c. HOUR OF DEATH 22:30		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print). Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703		23b. LICENSE NUMBER 9114		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) ANGELICA RAMIREZ		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 14, 2019		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) Bladder Cancer With Metastasis DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Metastasis To The Bone From Bladder Cancer				26. AUTOPSY (Specify Yes or No) No	
28a. ACC., SUICIDE, HON., 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	

000782142



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.

Jane Shytle
Administrator
STATE REGISTRAR

DATE ISSUED: 8/16/2019

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

