

APN# 1219-03-002-058



KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Shaun C. Thomas, Sr.

Address: 1232 Jones Ranch Road

City/State/Zip: Gardnerville, NV 89460

Mail Tax Statements to:

Name: Shaun C. Thomas, Sr.

Address: 1232 Jones Ranch Road

City/State/Zip: Gardnerville, NV 89460

Affidavit of Termination of Community Property Interest

**Title of Document** (required)

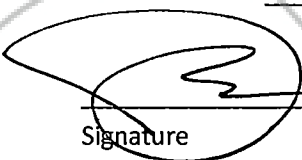
----- (Only use if applicable) -----

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

Joan E. Neuffer, Esq.

Printed Name

This document is being (re-)recorded to correct document # \_\_\_\_\_, and is correcting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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When Recorded Mail to:  
Shaun C. Thomas, Sr.  
1232 Jones Ranch Road  
Gardnerville, NV 89460

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**AFFIDAVIT OF TERMINATION OF COMMUNITY PROPERTY INTEREST  
(DEATH OF SPOUSE)  
NRS 111.365**

STATE OF NEVADA                     )  
   ) ss.  
COUNTY OF DOUGLAS                 )

The affiant, SHAUN COLE THOMAS, SR., being first duly sworn, deposes and states that:

1. The affiant is of legal age for the state of Nevada.
2. That ANNE ELISABETH THOMAS, the decedent mentioned in the attached certified copy of a Certificate of Death, who died on April 29, 2016, in Douglas County, Nevada, is the same person as ANNE ELISABETH THOMAS, one of the named parties in that certain Grant, Bargain, Sale Deed signed and dated by Grantors on July 30, 2013.
3. That the said ANNE ELISABETH THOMAS died on the 29<sup>th</sup> day of April, 2016, in Gardnerville, Douglas County, State of Nevada, as set forth in the Certificate of Death issued June 7, 2016, as State File Number 2016008683 with the Nevada Department of Health and Human Services.

4. That the affiant and the decedent were both Grantees in that certain Grant, Bargain, Sale Deed, signed and dated by Grantors on July 30, 2013, recorded on August 5, 2013, as Parcel ID number 1219-03-002-058, Document Number 828355 in the records of the Office of the County Recorder of Douglas County, Nevada, and executed by the Grantors, Shaun C. Thomas, Jr. and Anne E. Thomas, husband and wife. The legal description is provided in **Exhibit A**, attached hereto.

5. That the relationship between the affiant and the decedent was that of husband and wife, and that the parties held the property as community property with right of survivorship.

6. That all interest in and to said real property vested absolutely in the affiant, SHAUN COLE THOMAS, SR., as of the date of said decedent's death as set forth above.

7. I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

In witness whereof, I set my hand this 27 day of March, 2020.

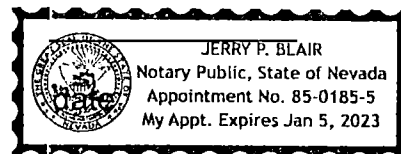
*Shaun Cole Thomas SR.*  
\_\_\_\_\_  
**SHAUN COLE THOMAS, SR.**  
Affiant

State of Nevada - County of Douglas  
by: Subscribed and sworn to (or affirmed) before me on this  
27 day of MARCH, 2020, by  
SHAUN COLE THOMAS SR

of \_\_\_\_\_, 2020,

Personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

*Jerry P. Blair*  
\_\_\_\_\_  
Notary Public



**EXHIBIT A**

LOT 3, AS SHOWN ON THE OFFICIAL MAP OF JONES RANCH ACRES, RECORDED JULY 5, 1979, IN THE OFFICE OF THE COUNTY RECORDER, DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 34026, AND CERTIFICATE OF AMENDMENT, RECORDED JUNE 18, 1981, IN BOOK 681, PAGE 1628, DOCUMENT NO. 57434.

Subject to

1. All general and special taxes for the current fiscal year.
2. Covenants, Conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

APN 1219-03-002-058

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

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

CASE FILE NO. 3893429

**CERTIFICATE OF DEATH**

**2016008683**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Anne Elisabeth THOMAS</b>			2. DATE OF DEATH (Mo/Day/Year) <b>April 29, 2016</b>		3a. COUNTY OF DEATH <b>Douglas</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) <b>1232 Jones Ranch Road</b>		3a.If Hosp or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>		4. SEX <b>Female</b>
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	7a. AGE-Last birthday (Years) <b>60</b>	7b. UNDER 1 YEAR <b>MOS</b> <b>DAYS</b>	7c. UNDER 1 DAY <b>HOURS</b> <b>MINS</b>	8. DATE OF BIRTH (Mo/Day/Yr) <b>December 16, 1955</b>
	9a. STATE OF BIRTH (If not US/CA, name country) <b>New York</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	11. MARITAL STATUS (Specify) <b>Married</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER <b>██████-2299</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>AUTOMOBILE REPAIR (GARAGE)</b>		15. Ever in US Armed Forces? <b>No</b>
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>	15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>		15d. STREET AND NUMBER <b>1232 Jones Ranch Road</b>	
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Thomas ZEHRUNG</b>				17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Anne MCGEE</b>		
	18a. INFORMANT - NAME (Type or Print) <b>Shaun Cole THOMAS</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1232 Jones Ranch Road Gardnerville, Nevada 89460</b>			
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>MONICA GIESE</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>880</b>	20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society of Reno</b> <b>969 West Moana Lane Reno NV 89509</b>			
TRADE CALL	TRADE CALL - NAME AND ADDRESS						
CERTIFIER	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>SIGNATURE AUTHENTICATED REED DOPF 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 13, 2016</b>		21c. HOUR OF DEATH <b>23:05</b>		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Reed Dopf MD 18653 Wedge Pkwy Reno, NV 89511</b>					23b. LICENSE NUMBER <b>13920</b>	
CAUSE OF DEATH	24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 16, 2016</b>		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) <b>Terminal Complications Of Malignant, Metastatic Adenocarcinoma Of The Uterus</b> DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____					Interval between onset and death <b>Months</b> Interval between onset and death Interval between onset and death Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					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, 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 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.

DATE ISSUED:

**3/13/2020**

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

*Verallynn A Boyack*  
STATE REGISTRAR

