APN# 1220-17-310-013	FIRST AMERICAN TITLE MINDEN KAREN ELLISON, RECORDER
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: Linda A. Forster	_ \
Address: PO Box 1970	_ \
City/State/Zip: Gardnerville NV 89410	
AFFIDAVIT - TERMINATING JOIN	IT TENANCY
Title of Document (required of Control of Signature EMILY TOBIAS	nt submitted for recording by law: (check applicable)
Printed Name	
This document is being (re-)recorded to correct document #	, and is correcting

DOUGLAS COUNTY, NV Rec:\$40.00 \$40.00 Pgs=3

2020-945224 04/27/2020 01:52 PM

A.P.N.:

1220-17-310-013

File No:

143-2583961 (mk)

When Recorded return to, and mail Tax Statements to:

Linda A. Forster

AFFIDAVIT - TERMINATING JOINT TENANCY

Linda A. Forster, Administrator, of legal age, being first duly sworn, deposes and says:

That **Howard Hale Whiting**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Howard Hale Whiting** named as one of the parties in that certain **Grant Bargain Sale Deed** dated **2-13-1990** executed by **Richard Muriset and Dorothy J. Muriset** to **Linda A. Foster, Administrator** as joint tenants, recorded as Document No. **220913** on **2-28-1990** in Book **290** of Official Records of **Douglas** County, **Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada**:

LOT 10, IN BLOCK A, AS SHOWN ON THE MAP OF SIERRA VISTA RANCH ESTATES, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON AUGUST 7, 1979, IN BOOK 879, PAGE 423, AS DOCUMENT NO. 35259.

Zimla a. Finta 4/24/20

Linda A. Forster, Administrator

Date

STATE OF

NEVADA

:ss.

COUNTY OF

DOUGLAS

)

MARY KELSH
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 98-49567-5 - Expires Nov. 06, 2022

This instrument was acknowledged before me on this:

By: Linda A. Forster, Administrator

Notary Public

(My commission expires: //-

6 20

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

/ VITAL STATISTICS

CASE FII	LE NO. 4064536	CERI	IFICATE OF	DEATH		2019002533 STATE FILE NUMBER	}	
PRINT IN	1a. DECEASED-NAME (FIRST,M	IDDLE,LAST,SUFFIX)	77 (200)	2.0	DATE OF DEATH (Mo/Day/Ye	ar) 3a. COUNTY OF	DEATH	
PERMANENT	Howard	Hale	WHITING	JR	January 29, 2019	Dou	uglas	
BLACKINK	3b. CITY, TOWN, OR LOCATION	OF DEATH 36. HOSPITAL OR OTHE	R:INSTITUTION -Name	If not either, give str		ate DOA,OP/Emer. Rm.	4 SEX	
DECEDENT	Gardnerville		863 Marion Way		Inpatient(Specify)	Home	Male	
DECEDENT	5 RACE (Specify)	6. Hispanic Ori			UNDER 1 YEAR 76 UNDER		tTH (Mo/Day/Yr)	
	VVhi	ite No - Non-His	spanic (Year	s) 83	MOS DAYS HOURS	MINS Februar	y 22, 1935	
IF DEATH	9a. STATE OF BIRTH (If not US/C	A, 9b. CITIZEN OF WHAT COUN	NTRY 10.EDUCATION 1		pecity) 12 SURVIVING SPOU	SE'S NAME (Last name prior to	o first marriage)	
OCCURRED IN INSTITUTION SEE HANDBOOK	NE Idaho United States 16 Married Lillian Jane E							
REGARDING COMPLETION OF	13. SOCIAL SECURITY NUMBER: 14a: USUAL OCCUPATION (Give Kind of Work Done During Most of 14b. KIND OF BUSINESS OR INDUSTRY Ever in US A							
RESIDENCE	-3160		Engineer		Lawrence Livermo		ces? Yes	
ITEMS	15a, RESIDENCE - STATE 15b, COUNTY 15c, INSIDE CITY TOWN OR LOCATION 15d, STREET AND NUMBER 115e, INSIDE CITY LIMITS (Specify Yes							
<u> </u>	Nevada Douglas Gardnerville 863 Marion Way (9r No) Yes							
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) 17. MOTHER/PARENT NAME (First Middle Last Suffix)							
.,,,,,,,,,,		ard Hale WHITING SR			Winnie L B	OWEN		
	18a. INFORMANT- NAME (Type o	THE PERSON NAMED TO A STREET	18b MAILING ADDRESS	1000	No, City or Town, State, Zip)			
	11 14 44 14 14 14 14 14 14 14 14 14 14 1	WHITING			Way Gardnerville, Nev			
DISPOSITION		OVAL, OTHER (Specify) 19b. GEME			19c, LOC.	7.35 T ANALY AND	State	
DISPOSITION	Burial			lemorial Park		Minden Nevada 8	9423	
	A.25	NATURE (Or Person Acting as Such)	20b. FUNERAL DIRE	And State St	AND ADDRESS OF FACILITY	L F		
		P MEYER	FD854		Eastside Memorial Par	K Funeral & Crema Minden NV 89423		
TDADE CALL	TRADE CALL - NAME AND ADDR	IRE AUTHENTICATED	10007	1	. 1600 Buckeye Ru	Militiaen NV 09423	··· · · · · · · · · · · · · · · · · ·	
TRADE CALL	Zighe Te the best of my best	wedge, death occurred at the time, da		70° On the hair	16. Mar 12. ja 11. 1802 – Sant Latin Bright (2. japan)	diversity and a death of		
Zatethan.			AUTHENTIC ATEN	9 55 100 200	is of examination and/or privestigated by the cause.			
	o to the cause(s) stated (sign	REED DOPF MD		e e ar we ume, date e u	The state of the s	Annual Land		
CERTIFIER	21b DATE SIGNED (Mo/D	1	ATH	5.15	GNED (Mo/Day/Yr)	22c. HOUR OF DEATH	1	
	the transfer of the second contract of	I I I I I I I I I I I I I I I I I I I			UNCED DEAD (Ma/Dauge)	22e. PRONOUNCED I	DEAD AT (Hour)	
	(Type or Print)	IG PHTSICIAIN IF OTHER THAN GER	THER	220. PRONO	UNCED DEAD (Mo/Day/Yr)	226. FRONOUNCED I	DEAD AT (Hour)	
		ERTIFIER (PHYSICIAN, ATTENDING	PHYSICIAN MEDICAL	EXAMINER OR CO	RONER) (Type or Print)	23b: LICENSE NU	MBER	
		Reed Dopf MD 907 Mount				139	transmitter and the Auto-	
REGISTRAR	24a. REGISTRAR (Signature)	ANGELICA RAMIR		DATE RECEIVED E	BY REGISTRAR 24c. DE	ATH DUE TO COMMUN	ICABLE DISEASE	
NEGIO I NAM		SIGNATURE AUTHENTICA	/Mol	Day/Yr) Februa	ary 12, 2019	YES NO	X	
CAUSE OF	25. IMMEDIATE CAUSE	(ENTER ONLY ONE CAUSE PER L	NE FOR (a), (b), AND (c)).)	1	Interval betwee	n onset and death	
DEATH	PARTI (a) Cardiac A	rrest	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		No.			
		A CONSEQUENCE OF	CANCEL CONTROL		10	Interval betwee	n onset and death	
CONDITIONS IF	(b) Terminal (Complications Of Chro	nic Combined F	leart Failure	C AND THE STATE OF ST	. Years		
GAVE RISE TO	DUE TO, OR AS	A CONSEQUENCE OF:	2 2 2 2			Interval betwee	n onset and death	
CAUSE	lschemic (c)	Cardiomyopathy		*www.	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Years		
STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS	A CONSEQUENCE OF:	Als al			Interval betwee	en onset and death	
CAUSELAST	Atherosci	erotic Heart Disease				Years		
	PART I OTHER SIGNIFICANT O	CONDITIONS-Conditions contributing	to death but not resulting	in the underlying ca	üse given in Part 1 26		AS CASE	
	Chronic Kidney Disease		AND AND AND AND	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ϋ́	es or No) REFE (Speci	RRED TO CORONER ify Yes or No.)	
¥1 6-a. Let. a	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo/Day/Yr)	28c. HOUR OF INJURY	28d. DESCRIBE HOV	WINJURY OCCURRED	(NO. 110. 110. 110. 110. 110. 110. 110. 11	res	
	OR PENDING INVEST, (Specify)			- Mary	133 A 1000 1 100		**************************************	
	206 MILIEVAT WORK (C++++4	28f. PLACE OF INJURY- At home, fa		TOO TOO ATION	STREET OR R.F.D. No.	CITY OR TOWN	STATE	
	Yes or No.	building, etc. (Specify)	аллу элеет, таскогу, опісе	Zog: LOGATION	SIRELI OR R.P.D. NO.	CN T OR TOWN	SIAIE	
taa taasaanaa		The transfer of the state of th	The state of the s	Taranga (2004) And	and the second second	1,000 mm	ye sugastiya	

STATE REGISTRAR

VRS-Rev-20120523a





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:

FEB 1 3 2019



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