

APN# 1219-02-000-022

Recording Requested by:

Name: First American Title Company
Address: 1663 Hwy 395 Ste #101
City/State/Zip: Minden, NV 89423
143-2595814-MK

Affidavit- Terminating Joint Tenancy
(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: Nevada

(State specific law)

K. Shinkevich EA
Signature Title

Kelly Shinkevich
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.: 1219-02-000-022
File No: 143-2595814 (mk)

When Recorded return to, and mail Tax Statements to:
Lori D. Mohr
13262 Ocean Vista Rd
San Diego CA 92130

AFFIDAVIT - TERMINATING JOINT TENANCY

Lori D. Mohr, of legal age, being first duly sworn, deposes and says:

That **James Edward Mohr**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **James E. Mohr** named as one of the parties in that certain **Grant Bargain and Sale Deed** dated **5/09/2018** executed by **Thomas Gerken and Anne Gerken, Trustees to James E. Mohr and Lori D. Mohr** as joint tenants, recorded as Document No. **2018-916181** on **6/28/2018** 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** :

PARCEL 1:

ADJUSTED PARCEL 2A-2, AS SET FORTH ON THAT CERTAIN PARCEL MAP LDA #03-032 FOR MOTTSVILLE MEADOWS FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON JUNE 15, 2004 IN BOOK 0604, AT PAGE 7430, AS DOCUMENT NO. 616151.

PARCEL 2:

AN EXCLUSIVE EASEMENT FOR INGRESS, EGRESS AND PUBLIC UTILITY AND DITCH MAINTENANCE OVER AND ACROSS THE EASTERLY 60 FEET OF ADJUSTED PARCEL 1-A AS IMPOSED ON THAT CERTAIN RECORD OF SURVEY RECORDED APRIL 25, 2003, IN BOOK 0403 OF OFFICIAL RECORDS, AT PAGE 12074, AS DOCUMENT NO. 574619.

Lori D. Mohr

8/6/20

Lori D. Mohr

Date

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

This instrument was acknowledged before me on this:
6 day of July 2020

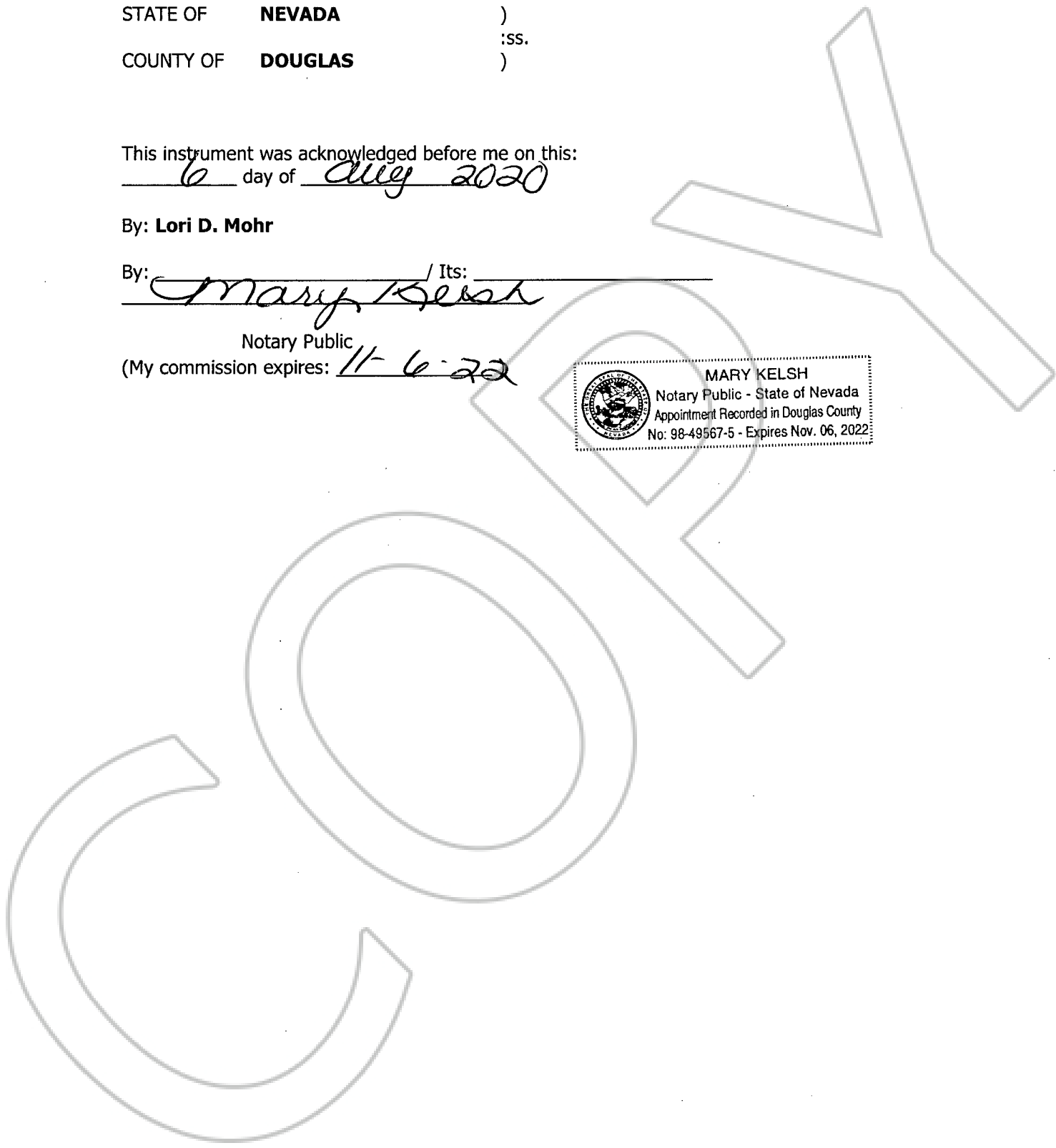
By: **Lori D. Mohr**

By: _____ / Its: _____
Mary Kelsh

Notary Public

(My commission expires: 11-6-22)

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



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT
VITAL STATISTICS - RENO, NEVADA

CASE FILE NO. 4144756

2020010269
STATE FILE NUMBER

CERTIFICATE OF DEATH

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) James Edward MOHR		2. DATE OF DEATH (Mo/Day/Year) May 10, 2020		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street ad Renown Regional Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Emergency Room / Outpatient	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday 60	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Lori DOYLE			
13. SOCIAL SECURITY NUMBER [REDACTED]-2953		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Financial Advisor		14b. KIND OF BUSINESS OR INDUSTRY Finance	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1238 Mottsville Meadows Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Edward MOHR			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Janet ODENS		
18a. INFORMANT - NAME (Type or Print) Lori MOHR		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 12555 High Bluff Dr Ste 205 San Diego, California 92130			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN BLANSETT		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street 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) [Signature]			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) HENRY A MCNETT MD		
21b. DATE SIGNED (Mo/Day/Yr) May 20, 2020		21c. HOUR OF DEATH 03:55		22b. DATE SIGNED (Mo/Day/Yr) May 20, 2020	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Henry A McNett MD		22c. PRONOUNCED DEAD (Mo/Day/Yr) May 10, 2020		22e. PRONOUNCED DEAD AT (Hour) 03:55	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Henry A McNett MD 990 E Ninth St Reno, NV 89512					23b. LICENSE NUMBER 18987
24a. REGISTRAR (Signature) CARMEN M MENDOZA		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 20, 2020		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) Gunshot Wound Of The Head				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.					26. AUTOPSY (Specify Yes or No) Yes
28a. ACC. SUICIDE HOM. UNDET. OR PENDING INVEST. (Specify) Suicide		28b. DATE OF INJURY (Mo/Day/Yr) May 09, 2020		28c. HOUR OF INJURY 1744	
28d. DESCRIBE HOW INJURY OCCURRED Shot Self		28e. INJURY AT WORK (Specify Yes or No) No			
28f. PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify) Parking Lot		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 1107 U.S. Highway 395 North -Hospital Parking Lot Gardnerville Nevada			

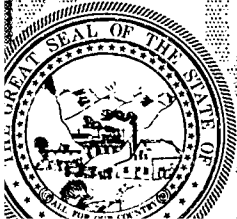
STATE REGISTRAR

000380829 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.

DEPUTY REGISTRAR

DATE ISSUED: **JUN 16 2020** This copy not valid unless prepared on engraved border displaying date and signature of Registrar.



Carmen Mendoza



VR8-Rev-20120523