



KAREN ELLISON, RECORDER

A.P.N.: 102214001028
File No: ()

When Recorded return to, and mail Tax Statements to:
MARILYN W. WANAMAKER
4203 KYLE DR
WELLINGTON NV 89444

AFFIDAVIT - TERMINATING JOINT TENANCY

Marilyn W. Wanamaker, of legal age, being first duly sworn, deposes and says:

That **Jeffrey Ernest Jardine**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Jeffrey Jardine** named as one of the parties in that certain **Grant, Bargain, Sale Deed** dated **January 29, 2010** executed by **Jeffrey Jardine** to **Jeffrey Jardine and Marilyn W. Wanamaker** as joint tenants, recorded as Document No. **0758421** on **2/09/2010** in Book **0210** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

PARCEL 1:

A PARCEL OF LAND SITUATED AND LYING WHOLLY WITHIN THE NORTH HALF OF SECTION 14, TOWNSHIP 10 NORTH, RANGE 22 EAST, M.D.B. & M. MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE SECTION CORNER COMMON TO SECTIONS 11, 12, 13 AND 14 IN TOWNSHIP 10 NORTH, RANGE 22 EAST M.D.B.M.; THENCE SOUTH 06°35'24" WEST A DISTANCE OF 101.97 FEET TO A POINT; THENCE SOUTH 00°17' WEST A DISTANCE OF 1232.87 FEET TO A POINT; THENCE NORTH 64°40'43" WEST A DISTANCE OF 556.50 FEET TO A POINT; THENCE NORTH 42°43'34" WEST A DISTANCE OF 151.34 FEET TO THE TRUE POINT OF BEGINNING; THENCE SOUTH 54°30'00" WEST A DISTANCE OF 596.15 FEET TO A POINT; THENCE NORTH 35°30'00" WEST A DISTANCE OF 906.32 FEET TO A POINT; THENCE ALONG A CURVE TO THE RIGHT WITH A RADIUS OF 500.00 FEET HAVING A CENTRAL ANGLE OF 15°25'47" AN ARC DISTANCE OF 154.65 FEET TO A POINT; THENCE NORTH 76°34'00" EAST A DISTANCE OF 450.00 FEET TO A POINT; THENCE SOUTH 46°11'36" EAST A DISTANCE OF 887.13 FEET TO THE POINT OF BEGINNING. SAID LAND MORE FULLY SHOWN AS PARCEL NO. 4 SET FORTH ON THAT CERTAIN RECORD OF SURVEY FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON OCTOBER 10, 1969, AS FILE NO. 45991, OFFICIAL RECORDS.

RESERVING THEREFROM A NON EXCLUSIVE EASEMENT FOR ROAD AND UTILITY PURPOSES OVER, UNDER AND ACROSS THE NORTHERLY AND WESTERLY 30 FEET OF SAID LAND.

PARCEL 2:

TOGETHER WITH A NON EXCLUSIVE EASEMENT FOR ROAD AND UTILITY PURPOSES OVER, ON, AND ACROSS KYLE DRIVE AND BOSLER WAY (60 FOOT EASEMENT) AS SHOWN ON THAT CERTAIN RECORD OF SURVEY FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY NEVADA ON OCTOBER 10, 1969 AS FILE NO. 45991, OFFICIAL RECORDS.

THE ABOVE METES AND BOUND DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED MAY 22, 2000 IN BOOK 0500 PAGE 4817 AS INSTRUMENT NO. 0492473

Marilyn W. Wanamaker 8/27/2020

Marilyn W. Wanamaker

Date


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


This instrument was acknowledged before me on this:
27th day of August 2020


By: **Marilyn W. Wanamaker**

By: *K. Shinkevich* / Its: _____

Notary Public
(My commission expires: 5/30/2022)

 **K. SHINKEVICH**
Notary Public - State of Nevada
Appointment Recorded in Carson City
No: 18-2594-3 - Expires May 30, 2022

 **K. SHINKEVICH**
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STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4155062

CERTIFICATE OF DEATH

2020014582
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) Jeffrey Ernest JARDINE		2. DATE OF DEATH (Mo/Day/Year) July 11, 2020		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Wellington		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) 4203 Kyle Dr		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient;(Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 67	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) January 17, 1953	
9a. STATE OF BIRTH (if not US/CA, name country) Massachusetts		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Domestic Partnership		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Marilyn WANAMAKER			
13. SOCIAL SECURITY NUMBER 8008		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) HEAVY EQUIPMENT OPERATOR		14b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 4203 Kyle Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Ernest Edward JARDINE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Marie Bernice BURNHAM		
18a. INFORMANT- NAME (Type or Print) Marilyn WANAMAKER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4203 Kyle Drive Wellington, Nevada 89444			
18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		18b. 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 SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD917		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1637 Esmeralda Place Minden NV 89423	
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) JEFFREY BASA MD 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)			
21b. DATE SIGNED (Mo/Day/Yr) July 14, 2020		21c. HOUR OF DEATH 09:50		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) Dr. Jeffrey Basa MD 2874 N. Carson Street, Ste 200 Carson City, NV 89706			
23b. LICENSE NUMBER 8079		24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 15, 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		Interval between onset and death			
(a) Hepatoma		Interval between onset and death			
(b) Unknown Etiology		Interval between onset and death			
(c) 		Interval between onset and death			
(d) 		Interval between onset and death			
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) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC., SUICIDE, HONL, 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	

000825524



CERTIFIED COPY OF VITAL RECORDS

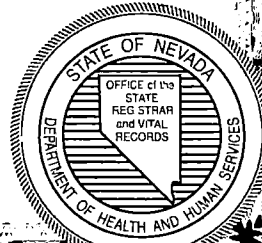
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

7/11/2020

DATE ISSUED:

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE