

APN# 1420-07-411-002

Recording Requested by/Mail to:

Name: Toiyabe Title

Address: 6774 S. McCarran Blvd

City/State/Zip: Reno, NV 89509

Mail Tax Statements to:

Name: Stephen and Dana Buffo

Address: 949 Ranchview Circle

City/State/Zip: Carson City, NV 89701

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

N. Harrowa

Printed Name

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

_____.

APN: 1420-07-411-002

ESROW NO.: 2012467

Recording Requested By:

Toiyabe Title
6774 S. McCarran Blvd., Suite 102A
Reno, NV 89509

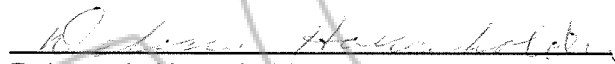
WHEN RECORDED MAIL TO:

Delores A. Householder
13940 Shaddard Wells Road, Sp118
Victorville, CA 92395

AFFIDAVIT – TERMINATING JOINT TENANCY

Delores A. Householder, of legal age, being first duly sworn, deposes and says:

That John ^{Houston} H. Householder, the decedent mentioned in the attached certified copy of Certificate of Death is the same person named as one of the parties of that certain Grant, Bargain and Sale Deed dated 12/22/2010, executed by Floyd B. Smith and Lucinda Smith, husband and wife, as joint tenants to John H. Householder and Delores A. Householder, husband and wife as joint tenants, and recorded 12/28/2010, as Document No. 776119, Official Records of Douglas County, Nevada covering the legal description attached hereto as Exhibit "A" and made a part hereof.


Delores A. Householder

STATE OF NEVADA
COUNTY OF DOUGLAS

This instrument was acknowledged before me on October 9, 2020,

By Delores A. Householder.**

Notary Public

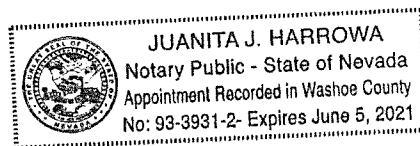
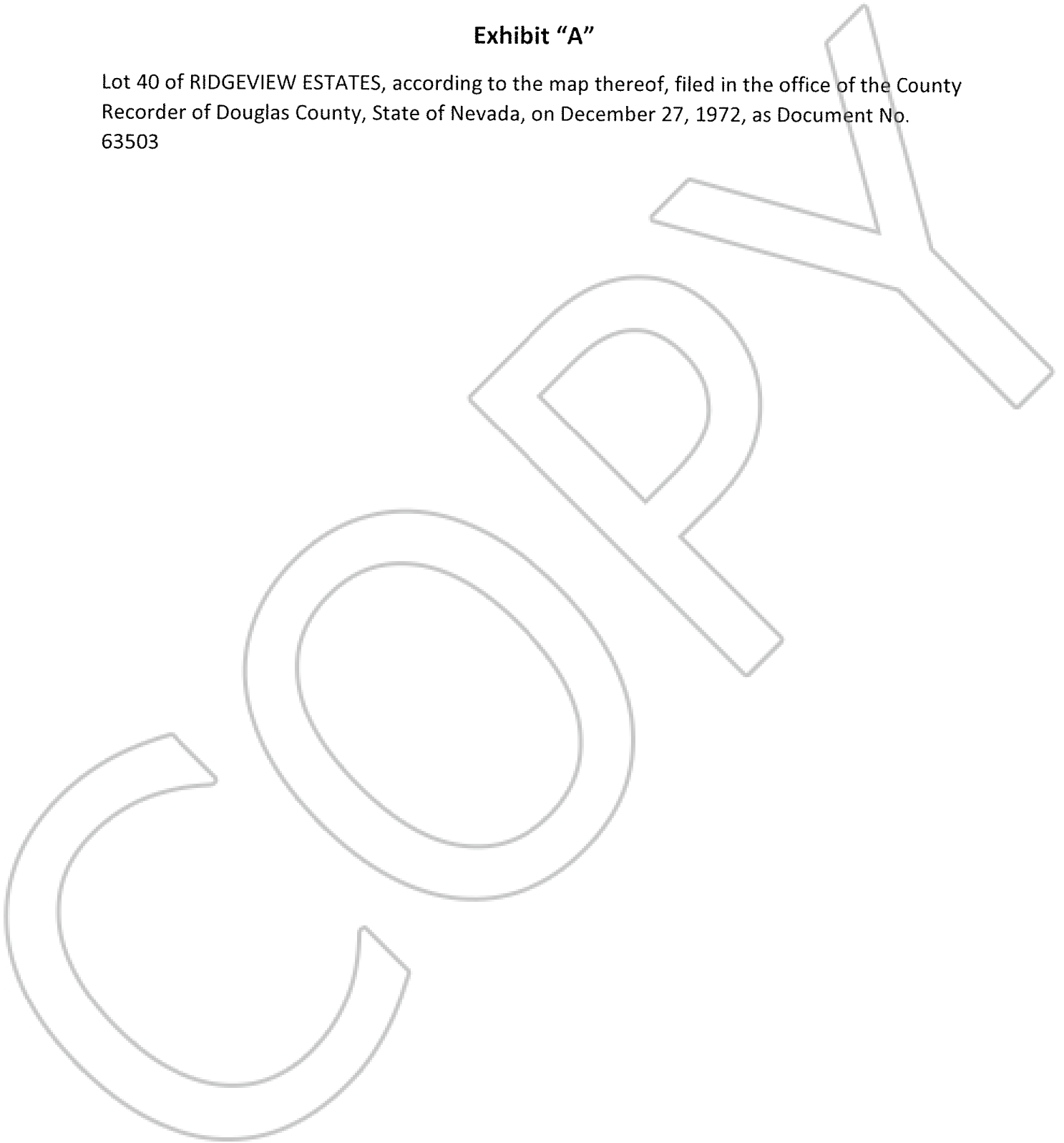


Exhibit "A"

Lot 40 of RIDGEVIEW ESTATES, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on December 27, 1972, as Document No. 63503



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4141563

CERTIFICATE OF DEATH

2020008303
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) John Houston		2. DATE OF DEATH (Mo/Day/Year) April 24, 2020		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson City		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and Carson Nursing & Rehabilitation		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 83	
9a. STATE OF BIRTH (If not US/CA, name country) Tennessee		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 11	
13. SOCIAL SECURITY NUMBER ██████████-3930		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Packer & Loader		14b. KIND OF BUSINESS OR INDUSTRY Mineral Technology	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Carson City		15c. CITY, TOWN OR LOCATION Carson City	
15d. STREET AND NUMBER 3423 Basalt Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) John Oliver HOUSEHOLDER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Thelma VAUGHN		
18a. INFORMANT - NAME (Type or Print) Dolores HOUSEHOLDER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3423 Basalt Dr Carson City, Nevada 89705			
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 Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706	
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) REED DOPF MD			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) April 24, 2020		21c. HOUR OF DEATH 00:45		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)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Reed Dopf MD 907 Mountain Street Carson City, NV 89703				23b. LICENSE NUMBER 13920	
24a. REGISTRAR (Signature) WESLEY T STOREY		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 27, 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) Respiratory Arrest Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Acute Respiratory Failure Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Malignant, Metastatic Prostate Carcinoma Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(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 I. Coronary Heart Disease				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
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	

STATE REGISTRAR

RVS-Rev-20120523a

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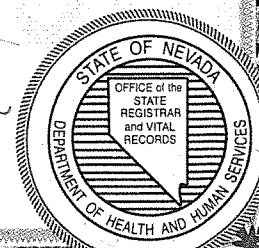
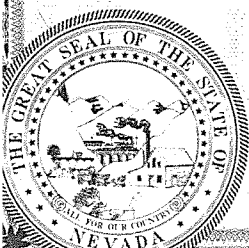
CERTIFIED COPY OF VITAL RECORDS

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: **MAY 05 2020**

STATE REGISTRAR
Administrator

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





Douglas County Recorder's Office

Karen Ellison, Recorder

<http://recorder.co.douglas.nv.us>

kellison@co.douglas.nv.us

(775) 782-9027

LEGIBILITY NOTICE

The Douglas County Recorder's Office has determined that the attached document may not be suitable for recording by the method used by the Recorder to preserve the Recorder's records. The customer was advised that copies reproduced from the recorded document would not be legible. However, the customer demanded that the document be recorded without delay as the parties right may be adversely affected because of a delay in recording. Therefore, pursuant to NRS 247.120 (3), the County Recorder accepted the document conditionally, based on the undersigned's representation (1) that a suitable copy will be submitted at a later date (2) it is impossible or impracticable to submit a more suitable copy.

By my signing below, I acknowledge that I have been advised that once the document has been microfilmed, it may not reproduce a legible copy.

Signature

A handwritten signature in black ink, appearing to read "N. Harbowa", written over a horizontal line.

Date

10/16/2020

Printed Name

N. Harbowa

MAILING ADDRESS: P.O. Box 218, Minden, Nevada 89423

Main phone (775) 782-9025 - FAX (775) 783-6413