

APN# 1420-28-810-008

Recording Requested by/Mail to:

Name: FATCO

Address: 1663 Hwy 395, Ste101

City/State/Zip: Minden NV 89423

Mail Tax Statements to:

Name: Stephen Walsh, Admin

Address: PO BOX 1683

City/State/Zip: Minden NV 89423

Affidavit terminating joint tenancy

Title of Document (required)

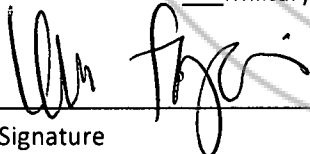
----- (Only use if applicable) -----

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

Kim Figueroa

Printed Name

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

A.P.N.: 1420-28-810-008
File No: 143-2620858 (mk)

When Recorded return to, and mail Tax Statements to:
Stephen Walsh, Administrator

PO Box 1683
Minden NV 89423

AFFIDAVIT - TERMINATING JOINT TENANCY

Stephen Walsh, ^{Mae W} of legal age, being first duly sworn, deposes and says:

That **Christina M. Myers**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Christina M. Myers** named as one of the parties in that certain **Grant Bargain Sale Deed** dated **2-9-1984** executed by **Melvin Wilford Edmunds and Venice G. Edmunds, husband and wife as joint tenants to Steven C. Myers** as joint tenants, recorded as Document No. **096432** on **2-10-1984** in Book **284** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

LOT 7, SARATOGA HEIGHTS SUBDIVISION UNIT NO. 2, AS PER MAP THEREOF FILED IN THE OFFICE OF THE RECORDER OF DOUGLAS COUNTY, NEVADA, ON DECEMBER 5, 1976, UNDER FILE NO. 34826.

Stephen Walsh 5-13-21

Stephen Walsh, Administrator Date

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



This instrument was acknowledged before me on this:
13 day of May 2021

By: **Stephen Walsh, Administrator**

By: Mary Kelsh Its: _____

Notary Public

(My commission expires: 11-6-22)

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3927067

CERTIFICATE OF DEATH

2016021441
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) Christine Mae MYERS		2. DATE OF DEATH (Mo/Day/Year) November 23, 2016		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 or Inpatient(Specify) 2701 Tenaya Drive Home of a friend		4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 65	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		8. DATE OF BIRTH (Mo/Day/Yr) June 13, 1951	
9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Steven C MYERS			
13. SOCIAL SECURITY NUMBER 1096		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Supervisor		14b. KIND OF BUSINESS OR INDUSTRY Gaming	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
15d. STREET AND NUMBER 1363 Saratoga St.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Paul HENNING			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Bertha HART		
18a. INFORMANT - NAME (Type or Print) Steven C MYERS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1363 Saratoga St. Minden, Nevada 89423			
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) DARREN K HILL		20b. FUNERAL DIRECTOR LICENSE NUMBER 848		20c. NAME AND ADDRESS OF FACILITY Cremation Society of Nevada - Capitol City 1614 N Curry Street Carson City NV 89703	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) DENVER J MILLER M.D.					
21b. DATE SIGNED (Mo/Day/Yr) November 28, 2016		21c. HOUR OF DEATH 15:50			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
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)				22b. DATE SIGNED (Mo/Day/Yr)	
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) Denver J Miller M.D. 5538 Longley Lane Reno, NV 89511	
23b. LICENSE NUMBER 7330				24a. REGISTRAR (Signature) VERALYNN A BOYACK	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 29, 2016				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) Breast Cancer Interval between onset and death Months					
(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) No				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
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

000651620



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: 12/2/2016

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

Cody D. Higgins
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

