

APN# 1319-33-002-025

DOUGLAS COUNTY, NV **2021-968482**
Rec:\$40.00
\$40.00 Pgs=6 06/02/2021 12:22 PM
TOIYABE TITLE
KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: Toiyabe Title

Address: 6774 S. McCarran Blvd.

City/State/Zip: Reno, NV 89509

Mail Tax Statements to:

Name: Maverick Springs

Address: 6770 S. McCarran Blvd.

City/State/Zip: Reno, NV 89509

Affidavit - Terminating Joint Tenancy

Title of Document (required)

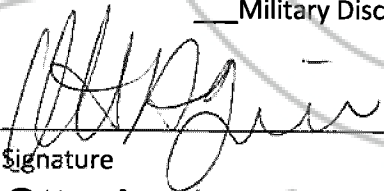
----- (Only use if applicable) -----

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

Otto Aguirre

Printed Name

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

APN: 1319-33-002-025

ESROW NO.: 2112756

Recording Requested By:

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

WHEN RECORDED MAIL TO:

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

AFFIDAVIT – TERMINATING JOINT TENANCY

Cindie L. Porter, of legal age, being first duly sworn, deposes and says:

That Larry E. Porter, 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 Trustees Deed dated 9/5/2008, and recorded 10/17/2008, as Document No. 0731585, Official Records of Douglas County, Nevada covering the legal description attached hereto as Exhibit "A" and made a part hereof.

Dated this 29th day of ~~April~~, 2021.

Cindie L. Porter
Cindie L. Porter

STATE OF Nevada

COUNTY OF Washoe Douglas

This instrument was acknowledged before me on this 29th day of April, 2021,
by Cindie L. Porter.**

[Signature]
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2013008293
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Laurence Ernest PORTER		2. DATE OF DEATH (Mo/Day/Year) May 15, 2013		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 number) Continuicare Hospital of Carson Tahoe, Inc.		3e. If Hosp. or Inst. Indicate DOA, OP/Emar. Rm. Inpatient (Specify) Inpatient	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 65	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) February 06, 1948	
9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Cindie COLEMAN		13. SOCIAL SECURITY NUMBER 4730	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Circulation Manager		14b. KIND OF BUSINESS OR INDUSTRY Newspaper		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1285 Jodi Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Laurence Edward PORTER	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Betty Jean WILSON		18a. INFORMANT - NAME (Type or Print) Cindie PORTER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1285 Jodi Court Gardnerville, Nevada 89460	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Truckee Meadows Crematory		19c. LOCATION City or Town State Sparks Nevada 89431	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOHN LAWRENCE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 304R		20c. NAME AND ADDRESS OF FACILITY Autumn Funerals & Cremations 1575 N Lompa Ln Carson City NV 89701	
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) CRAIG STEVEN RAU M.D. 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) May 17, 2013			21c. HOUR OF DEATH 09:06		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) Craig Steven Rau M.D. 880 Alder Ave., Ste. 200 Incline Village, NV 89451					
23b. LICENSE NUMBER 10991					
24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 21, 2013		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) Cardiorespiratory Failure				Minutes	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Bacterial Sepsis from Diabetic Foot Infection				Weeks	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Inanition				Months	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Cause Otherwise Unknown					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.					
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
				26d. DESCRIBE HOW INJURY OCCURRED	
28a. 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	

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

To Be Completed by CERTIFYING PHYSICIAN

To Be Completed by CORONERS OFFICE

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST

STATE REGISTRAR

485184

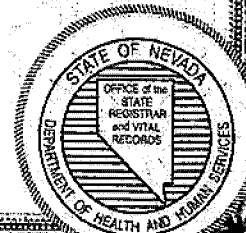
CERTIFIED COPY OF VITAL RECORDS

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: **05/21/2013**

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

R. J. What
STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit "A"

All that real property situated in Township 13 North, Range 19 East, Section 33, County of Douglas, State of Nevada, more specifically described as follows:

Parcel 2-A, as set forth on Amended Final Parcel Map for D.J Wright & Associates, filed for record on the office of the Douglas County Recorder on June 6, 2005, as Document No. 646055, in Book 0605, at Page 1633, Official Records of Douglas County, Nevada.





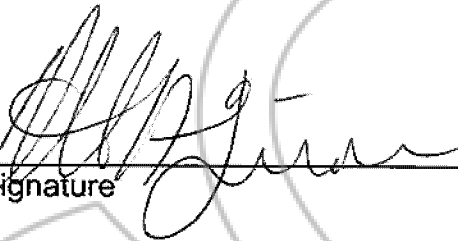
Douglas County Recorder's Office
Karen Ellison, Recorder

<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

06/01/2021
Date

Otto Aguirre
Printed Name