

APN# 1022-16-001-006



00141213202109731350030031

KAREN ELLISON, RECORDER

Recording Requested by/Mail to:

Name: JACALYN C MCKENZIE

Address: 1461 BRECCIA RD

City/State/Zip: WELLINGTON NV 89444

Mail Tax Statements to:

Name: SAME

Address: _____

City/State/Zip: _____

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)

Jacalyn C McKenzie
Signature

JACALYN C MCKENZIE
Printed Name

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

AFFIDAVIT TERMINATING JOINT TENANCY

State of Nevada)
) ss.
County of DOUGLAS)

JACALYN C MCKENZIE being first duly sworn, deposes and says that affiant is over the age of 18 years and competent to be a witness as to the matters hereinafter stated.

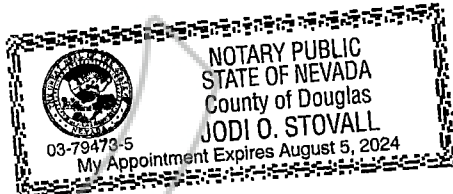
That affiant is JACALYN C MCKENZIE the person named as JACALYN C MCKENZIE, one of the grantees in that certain deed recorded on MARCH 1 2010, as Document No. 0759429 in Book 03101190, Page 0164 1241, in the office of the County Recorder of DOUGLAS County, Nevada.

That ROBERT MCKENZIE was one of the grantees named in said deed and was the identical person named as ROBERT ERWIN MCKENZIE, the decedent, in that certain Death Certificate, a certified copy of which is attached hereto and made a part hereof.
LOT 24 BLOCK 5 TOPAZ RANCH ESTATES NO. 4 DOCUMENT NO. 50212

Jacalyn C McKenzie
(SIGNATURE) JACALYN C MCKENZIE

Subscribed and sworn to before me this 26 day of August, 2021 BY JACALYN C. McKenzie

Jodi O. Stovall
Notary Public in and for said County and State



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3958053

CERTIFICATE OF DEATH

2017009709

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) Robert Erwin MCKENZIE		2. DATE OF DEATH (Mo/Day/Year) May 21, 2017		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 Tahoe Regional Medical Center		3e. If Hosp or Inst. indicate DOA,OP/Emer. Rm. Emergency Room / Outpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 62		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) February 09, 1955		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Jacalyn SNOWBALL	
13. SOCIAL SECURITY NUMBER ██████████ 7466		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Slot Attendant		14b. KIND OF BUSINESS OR INDUSTRY Casino	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington	
15d. STREET AND NUMBER 1461 Breccia Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16 FATHER/PARENT - NAME (First Middle Last Suffix) James BELL			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Barbara BROWNLEY		
18a. INFORMANT- NAME (Type or Print) Jackie MCKENZIE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1461 Breccia Rd Wellington, Nevada 89444			
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 SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD884		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) STEVEN L PHILLIPS 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) May 24, 2017		21c. HOUR OF DEATH 11:08		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Steven L Phillips MD 5250 Neil Rd Ste #207 Reno, NV 89502				23b. LICENSE NUMBER 6596	
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 25, 2017		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					
(e) Metastatic Adenocarcinoma Of Unknown Primary					
DUE TO, OR AS A CONSEQUENCE OF:					
(b)					
DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
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



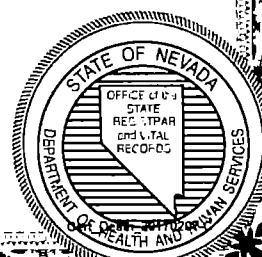
CERTIFIED COPY OF VITAL RECORDS

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: **5/31/2017**

Codey D. Phinney
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE