

APN# 1220-21-610-265

Recording Requested by/Mail to:

Name: Stephen C Moss, Esq.

Address: 1575 Delucchi Ln, Ste. 105

City/State/Zip: Reno, NV 89502

Mail Tax Statements to:

Name: Debra Ann Weed

Address: 743 Hornet Drive

City/State/Zip: Gardnerville, NV 89460

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)

Stephen C Moss

Signature

Stephen C Moss, Esq.

Printed Name

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

APN: 1220-21-610-265

When Recorded Mail To:

Debra Ann Weed
743 Hornet Drive
Gardnerville, NV 89460

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
)ss.
COUNTY OF WASHOE)

DEBRA ANN WEED , being first duly sworn, under penalty of perjury, deposes and says:

That she is the surviving joint tenant named in that certain deed by which CAROL D. MACLEOD, an unmarried woman as her sole and separate property conveyed to WALTER H. WEED and DEBRA A. WEED, husband and wife as joint tenants with right of survivorship, that real property situate in the County of Douglas, State of Nevada, described as:

Lot 538 of GARDNERVILLE RANCHOS UNIT NO. 6, according to the map thereof, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on May 29, 1973, in Book 573, Page 1026, as File No. 66512.

Commonly known as 743 Hornet Drive, Gardnerville, NV 89460

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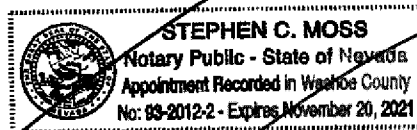
the deed was dated July 17, 2001, and recorded as Document No.0518492, Book 0701, Page 3974 official records of Douglas County, Nevada.

That WALTER H. WEED died February 9, 2021, in the City of Gardnerville, County of Douglas, State of Nevada; that a full, true and correct copy of the Certificate of Death of WALTER HERBERT WEED is attached to this affidavit; that the person named in the Certificate of Death of WALTER H. WEED is the identical person named in the deed set out above.

Debra Ann Weed
Debra Ann Weed

SUBSCRIBED AND SWORN TO before me
this 5th day of October, 2021.

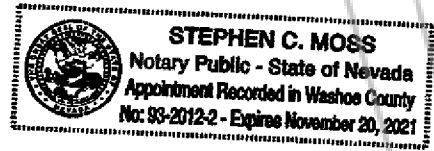
Stephen C. Moss
NOTARY PUBLIC



SEE ATTACHED CORRECTED NOTARIZATION

SUBSCRIBED AND SWORN TO before me
this 5th day of October, 2021,
by Debra Ann Weed.

Stephen C. Moss
NOTARY PUBLIC



COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4186554

CERTIFICATE OF DEATH

2021004090

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

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) Walter Herbert WEED		2. DATE OF DEATH (Mo/Day/Year) February 09, 2021		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or number) 743 Hornet drive		3d. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 63		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 28, 1957		9a. STATE OF BIRTH (If not USCA, 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) Debra Ann WATKINS		13. SOCIAL SECURITY NUMBER 5335		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Supervisor	
14b. KIND OF BUSINESS OR INDUSTRY Caltrans		15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN OR LOCATION Gardnerville		15d. STREET AND NUMBER 743 Hornet drive		15e. INSIDE CITY LIMITS (Specify Yes or No) No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Herbert Russel WEED			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Goldie Marie NIELSON		
18a. INFORMANT- NAME (Type or Print) Debra Ann WEED		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 743 Hornet Drive Gardnerville, Nevada 89460			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. 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) NORMA M FINKES SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD867		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 be Completed by CERTIFYING PHYSICIAN 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. To be Completed by CORONER'S OFFICE 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) February 10, 2021		21c. HOUR OF DEATH 09:06		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22c. PRONOUNCED DEAD AT (Hour)	
22d. PRONOUNCED DEAD (Mo/Day/Yr)		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) February 17, 2021	
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) Cancer Of The Tongue Metastatic To The Lungs DUE TO, OR AS A CONSEQUENCE OF: (b) Unknown Etiology 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 1.		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
28a. ACC., SUICIDE, HOMIC. UNDEF. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. INJURY AT WORK (Specify Yes or No)		28e. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28f. DESCRIBE HOW INJURY OCCURRED	
28g. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN STATE	



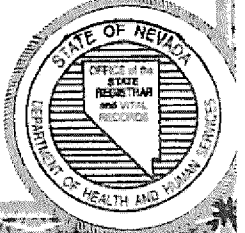
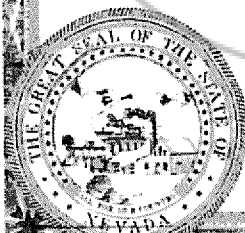
CERTIFIED COPY OF VITAL RECORDS

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: **2/25/2021**

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

Blaise Satariano
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE