

APN# 1220-24-701-045

Recording Requested by/Mail to:

Name: FATCO

Address: 1663 US HWY 395 STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: Jerry Adair

Address: 894 Valley Crest Dr

City/State/Zip: Carson City NV 89705

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

EMILY TOBIAS

Printed Name

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

A.P.N.: 1220-24-701-045
File No: 143-2637834 (et)

When Recorded return to, and mail Tax Statements to:
Jerry W. Adair

AFFIDAVIT - TERMINATING JOINT TENANCY

Jerry W. Adair, of legal age, being first duly sworn, deposes and says:

That **Vivian Lorene Adair**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Vivian L. Adair** named as one of the parties in that certain **Corporation Grant Bargain Sale Deed** dated **March 14, 2007** executed by **Peter M. Beekhof, Jr** to **Jerry W. Adair and Vivian L. Adair** as joint tenants, recorded as Document No. **0698275** on **3/30/2007** in Book **0307** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

ALL THAT PIECE OR PARCEL OF LAND SITUATE IN DOUGLAS COUNTY, NEVADA, BEING A PORTION OF THE SOUTHEAST 1/4 OF SECTION 24, TOWNSHIP 12 NORTH, RANGE 20 EAST, M.D.B.&M., DESCRIBED AS FOLLOWS:

PARCEL 3B AS SET FORTH ON FINAL PARCEL MAP LDA 04-067 FOR P.M.B. #4, LLC., FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON AUGUST 19, 2005, BOOK 0805, PAGE 9307, DOCUMENT NO. 652802.


Jerry W. Adair

10-24-2021
Date

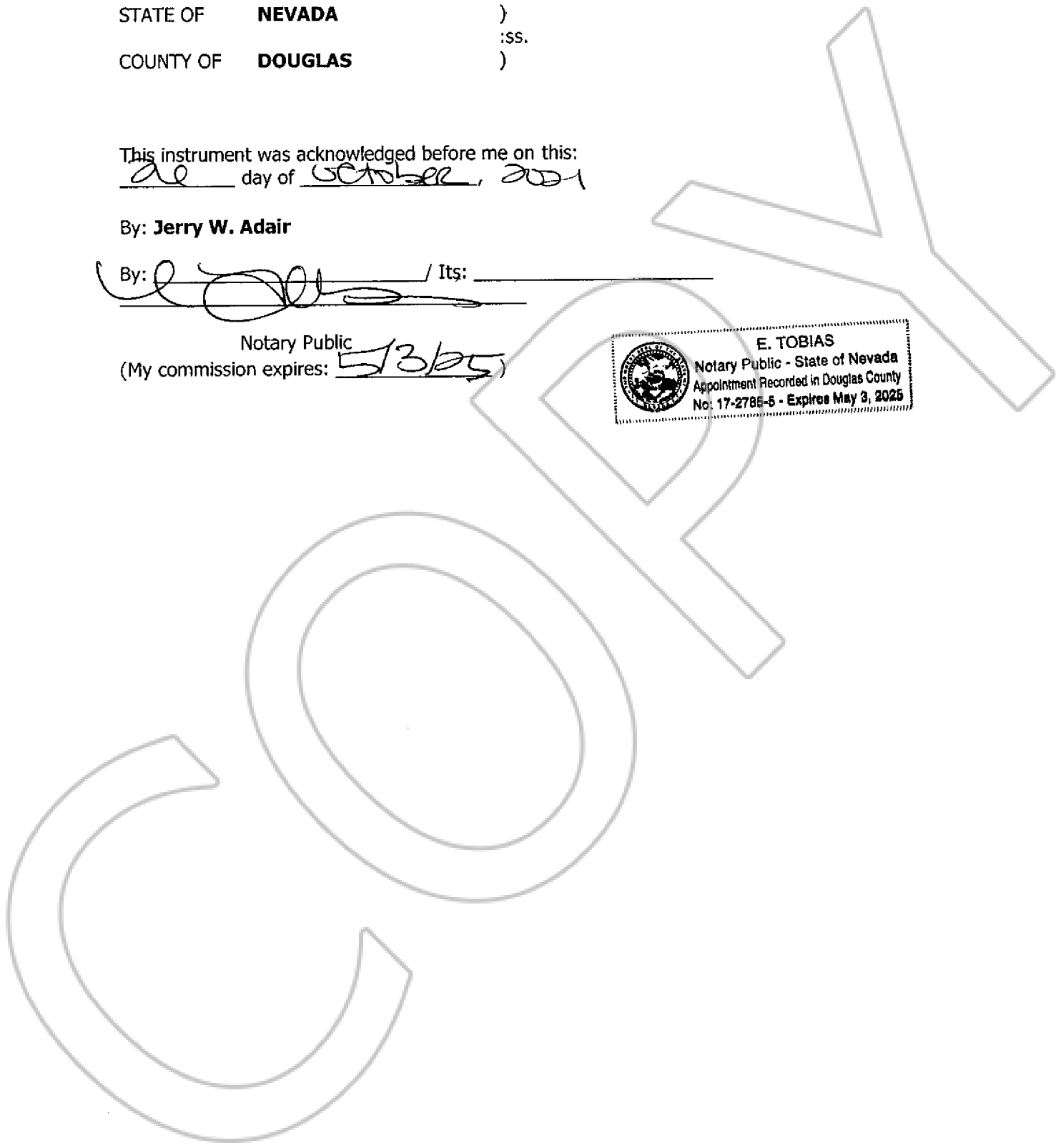
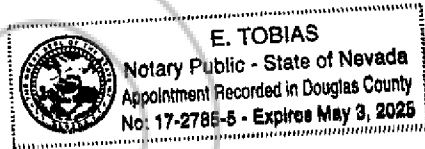
STATE OF **NEVADA**)
) :SS.
COUNTY OF **DOUGLAS**)

This instrument was acknowledged before me on this:
22 day of October, 2021

By: **Jerry W. Adair**

By: [Signature] / Its: _____

Notary Public
(My commission expires: 5/3/25)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4182994

CERTIFICATE OF DEATH

2020027810
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) Vivian Lorene ADAIR | | 2. DATE OF DEATH (Mo/Day/Year) December 03, 2020 | | 3a. COUNTY OF DEATH Washoe | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Reno | | 3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or number) Renown Regional Medical Center | | 3d. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) Intensive Care Unit (ICU) | |
| 5. RACE (Specify) White | | 6. Hispanic Origin? Specify No - Non-Hispanic | | 7a. AGE-Last birthday (Years) 72 | |
| 8a. STATE OF BIRTH (If not US/CA, name country) Nebraska | | 8b. CITIZEN OF WHAT COUNTRY United States | | 8. DATE OF BIRTH (Mo/Day/Yr) August 27, 1948 | |
| 13. SOCIAL SECURITY NUMBER 0115 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) | | 14b. KIND OF BUSINESS OR INDUSTRY INSURANCE | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN OR LOCATION Gardnerville | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Franklin M BAIRD | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) June L HARDIN | | | |
| 18a. INFORMANT- NAME (Type or Print) Jerry Wayne ADAIR | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 652 Appaloosa Ln Gardnerville, Nevada 89410 | | | |
| 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 THOMAS SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD861 | | 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) MICHAEL MILLER 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) December 11, 2020 | | 21c. HOUR OF DEATH 19:30 | | 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) Michael Miller MD 1155 Mill St Reno, NV 89502 | | | | 23b. LICENSE NUMBER 19754 | |
| 24a. REGISTRAR (Signature) KATHERINE J SULLIVAN SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 14, 2020 | | 24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) | | | | | |
| PART I | | | | Interval between onset and death | |
| (a) Acute Respiratory Distress Syndrome | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | |
| (b) Septic Shock | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | |
| (c) Pneumonia | | | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death | |
| (d) Covid-19 | | | | | |
| PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. | | | | | |
| 26. 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 | |



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.
1/22/2021

DATE ISSUED:

Katherine J Sullivan

STATE REGISTRAR

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

