

Assessor's Parcel Number: 1220-24-601-045)
RECORDING REQUESTED)
AND RETURN TO:)
MARTIN JOYCE)
1973 Mule Lane)
Gardnerville NV 89410)



KAREN ELLISON, RECORDER

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
)ss.
CARSON CITY)

MARTIN JOYCE does hereby swear under penalty of perjury that the assertions of this Affidavit are true, and declares the following:

1. MARTIN JOYCE is the surviving joint tenant of CARROLL KELLY, deceased.
2. CARROLL KELLY died in Carson City, State of Nevada, on October 19, 2021. A certified copy of the Death Certificate of CARROLL KELLY is attached to this Affidavit, marked as Exhibit "A."
3. On October 28, 2019, the undersigned and CARROLL KELLY, took title as joint tenants to a parcel of real property situated in Douglas County, State of Nevada, and by Deed recorded the real property situate in Douglas County, Nevada, and having an address of 1973 Mule Lane, Gardnerville, Nevada and more particularly described as:

SEE EXHIBIT "B" ATTACHED HERETO AND MADE A PART HEREOF.

Together with the tenements, hereditaments and appurtenances including easements and water rights, if any, thereto belonging or appertaining, and any revisions, remainders, rents, issues or profits thereof.

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4. At the time of the death of CARROLL KELLY, title to the real property described in paragraph 3 above continued to be held by MARTIN JOYCE and CARROLL KELLY, husband and wife, as joint tenants. As a result of the death of CARROLL KELLY and the joint tenancy form of title, the property described in paragraph 3 above is now owned by MARTIN JOYCE, as his sole and separate property.

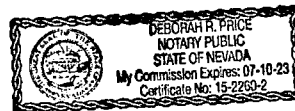
Dated this 10th day of December, 2021.


MARTIN JOYCE

STATE OF NEVADA }
 }ss
COUNTY OF Carson City }

SUBSCRIBED to and SWORN to on this 10th day of December in the year 2021, before me, Deborah R Price, by MARTIN JOYCE.

On this 10th day of December, in the year 2021, before me Deborah R Price, personally appeared MARTIN JOYCE, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he executed it.




NOTARY PUBLIC

EXHIBIT “A”

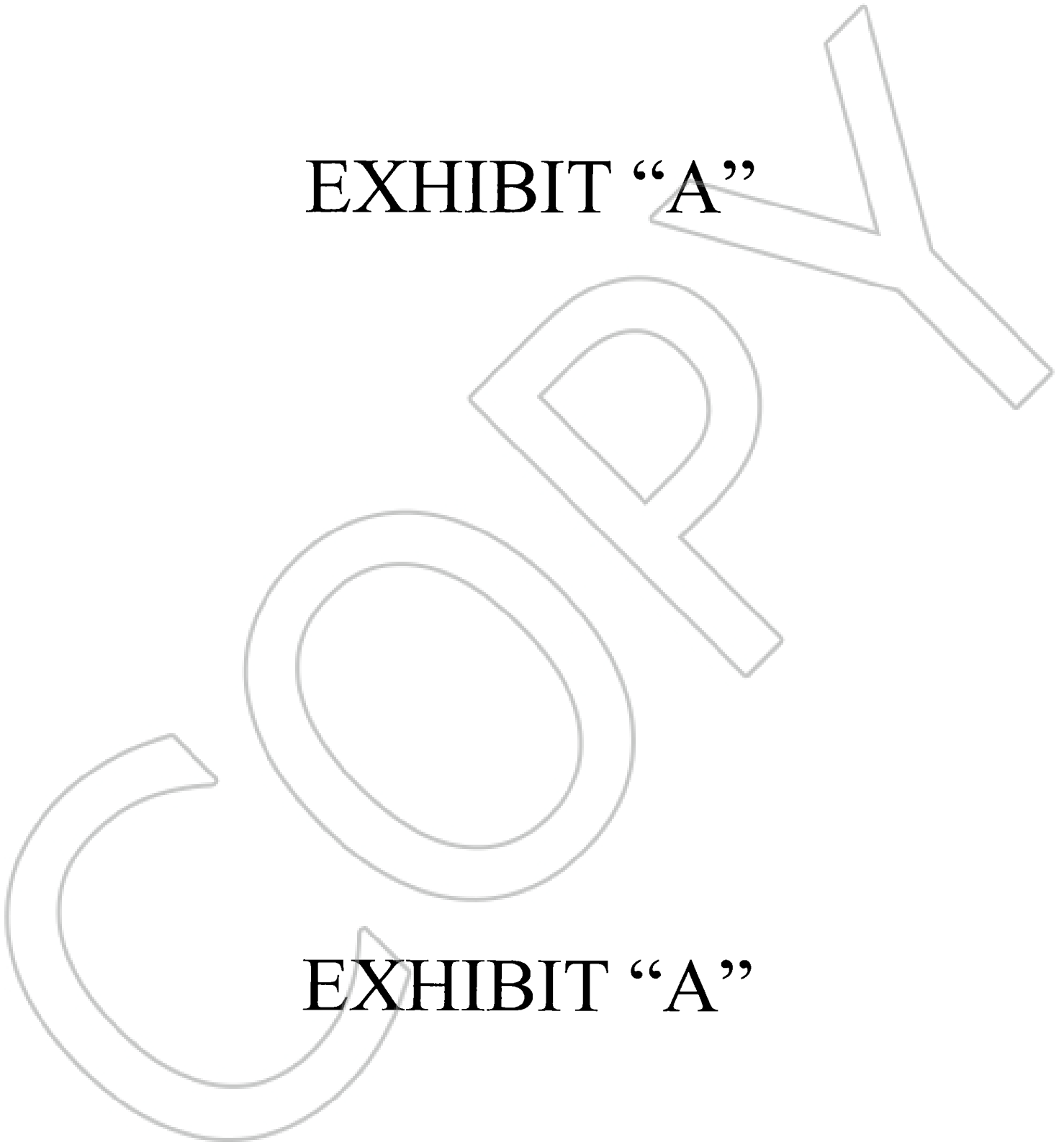


EXHIBIT “A”

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All that certain real property situate in the County of Douglas, State of Nevada described as follows:

A portion of the Southeast 1/4 of the Northeast 1/4 of Section 24, Township 12 North, Range 20 East, M.D.B. & M., Douglas County, Nevada, described as follows:

Commencing at the East 1/4 corner of said Section 24, as set forth on that certain parcel map for PHIL SULLIVAN, that was filed for record in the office of the County Recorder of Douglas County, Nevada, on the 16th day of June, 1980, in Book 680, at Page 1330, as Document No. 45330 of Official Records;

Thence North $00^{\circ}07'45''$ East, 331.00 feet along the East line of said Section 24, to the Southeast corner of Parcel D, as set forth on said parcel map;

Thence West 205.60 feet along the South line of said Parcel D to the POINT OF BEGINNING;

Thence continuing West, 142.36 feet;

Thence North 331.00 feet;

Thence East, 142.36 feet;

Thence South, 331.00 feet to the POINT OF BEGINNING.

Being a portion of Parcel D, as shown on the parcel map for PHIL SULLIVAN, recorded in the office of the County Recorder, Douglas County, Nevada, on June 16, 1980, in Book 680, Page 1330, as Document No. 45330. The aforementioned map being a resubdivision of Lot 6, as shown on the map of RUHENSTROTH RANCHOS, recorded in the office of the Recorder, Douglas County, Nevada, on April 14, 1954, as Document No. 27706.

NOTE: The above metes and bounds description appeared previously in that certain document recorded in the office of the County Recorder of Douglas County, Nevada on November 3, 2015 as Document No. 2015-87222 of Official Records.

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EXHIBIT “B”

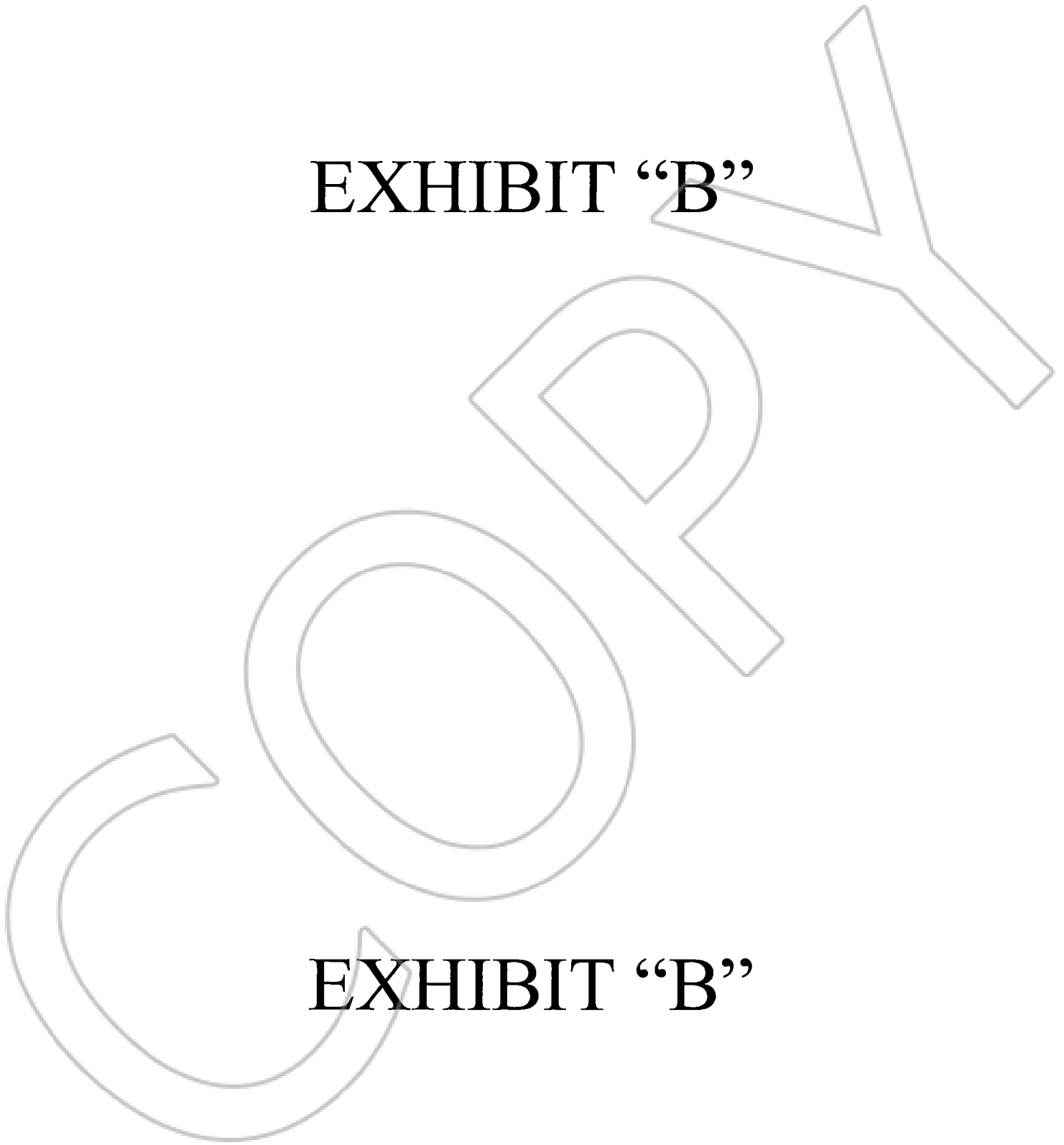


EXHIBIT “B”

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4243779

CERTIFICATE OF DEATH

2021026473
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) Carroll Ann KELLY		2 DATE OF DEATH (Mo/Day/Year) October 19, 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 address number) 1973 Mule Lane		3e If Hosp or Inst. indicate DOA,OP/Emer Rm Inpatient(Specify) Home	
5 RACE (Specify) Japanese		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 75	
9a STATE OF BIRTH (If not US/CA, name country) California		9b CITIZEN OF WHAT COUNTRY United States		10 EDUCATION 14	
13 SOCIAL SECURITY NUMBER 8945		14a USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b KIND OF BUSINESS OR INDUSTRY	
15a RESIDENCE - STATE Nevada		15b COUNTY Douglas		15c CITY, TOWN OR LOCATION Gardnerville	
16 FATHER/PARENT - NAME (First Middle Last Suffix) Akira YAMADA		17 MOTHER/PARENT - NAME (First Middle Last Suffix) Haruko KURAZAWA			
18a INFORMANT- NAME (Type or Print) Tia KELLY		18b MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) 2545 Hayward Drive Burlingame, California 94010			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Eastside Memorial Park		19c LOCATION City or Town State Minden Nevada 89423	
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LYLE P MEYER SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD854		20c NAME AND ADDRESS OF FACILITY Eastside Memorial Park Funeral & Creations 1600 Buckeye Rd Minden NV 89423	
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)		21b DATE SIGNED (Mo/Day/Yr)		21c HOUR OF DEATH	
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) ERIK A EISSINGER SIGNATURE AUTHENTICATED		22b DATE SIGNED (Mo/Day/Yr) November 05, 2021	
				22c HOUR OF DEATH 08:09	
				22d PRONOUNCED DEAD (Mo/Day/Yr) October 19, 2021	
				22e PRONOUNCED DEAD AT (Hour) 08:09	
23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Erik A Eissinger P O Box 218 Minden, NV 89423				23b LICENSE NUMBER	
24a REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED		24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 05, 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) Hypertensive And Atherosclerotic Cardiovascular Disease				Interval between onset and death	
(b) Unknown Etiology				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 Type A Dissection Of The Aorta Status-post Repair				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	



CERTIFIED COPY OF VITAL RECORDS

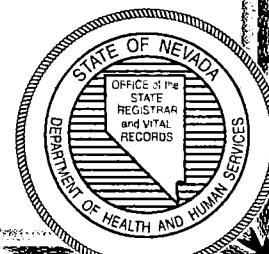
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

11/16/2021

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

[Signature]
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE