

DOUGLAS COUNTY, NV **2022-981709**
 Rec:\$40.00
 \$40.00 Pgs=2 **02/25/2022 08:37 AM**
 FIRST AMERICAN TITLE INSURANCE COMPANY
 KAREN ELLISON, RECORDER

A.P.N.: 1420-28-510-041
 File No: 1134640LV (EV)

When Recorded return to, and mail Tax Statements to:
 First American Title Attn: Recording Team
 4795 Regent Blvd
 Irving, TX 75063

AFFIDAVIT - TERMINATING JOINT TENANCY

LARRY LEE BITTNER, of legal age, being first duly sworn, deposes and says:

That **MARICA ARDELLE BITTNER**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **MARICA ARDELLE BITTNER** named as one of the parties in that certain **Grant, Bargain, Sale Deed** dated **February 18, 2015** executed by **LARRY L. BITTNER AND MARICA A. BITTNER** to **LARRY LEE BITTNER AND MARICA ARDELLE BITTNER** as joint tenants, recorded as Document No. **2015-857328** on **February 23, 2015** in Book **N/A** of Official Records of **DOUGLAS** County, **Nevada** covering the following described property situated in the County of **DOUGLAS**, State of **Nevada** :

Lot 30, in Block C, as shown on the Official Map of MISSION HOT SPRINGS, UNIT NO. 1, files in the office of the County Recorder of Douglas County, State of Nevada, on July 1, 1987, in Book 787, Page 001, as Document No. 157492.

Larry Lee Bittner 10-01-2020

LARRY LEE BITTNER

Date

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

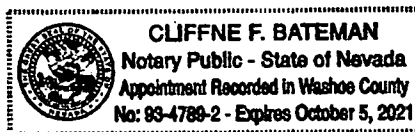
This instrument was acknowledged before me on this:
1ST day of OCTOBER, 2020

By: LARRY LEE BITTNER

By: _____ / Its: _____
Cliffne F Bateman

Notary Public

(My commission expires: 10/05/2021)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4067503

CERTIFICATE OF DEATH

2019003254
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Marcia Ardelle BITTNER		2. DATE OF DEATH (Mo/Day/Year) February 17, 2019		3a. COUNTY OF DEATH Douglas	
	3b. CITY, TOWN, OR LOCATION OF DEATH Minden		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address) 2957 San Fernando Drive		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	5. RACE (Specify) White		6. Hispanic-Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 75	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		7d. UNDER 1 HOUR MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) November 19, 1943		9a. STATE OF BIRTH (If not US/CA, name country) California			
	9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16		11. MARITAL STATUS (Specify) Married	
PARENTS	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Larry Lee BITTNER		13. SOCIAL SECURITY NUMBER 8230			
	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Administrative		14c. KIND OF BUSINESS OR INDUSTRY Salk Institute	
DISPOSITION	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden	
	15d. STREET AND NUMBER 2957 San Fernando Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
TRADE CALL	16. FATHER/PARENT - NAME (First Middle Last Suffix) Richard STOUT		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Norma Elaine SHARP			
	18a. INFORMANT- NAME (Type or Print) Larry L BITTNER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2957 San Fernando Drive Minden, Nevada 89423			
CERTIFIER	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) TAMAR R BEAULAC SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD870		20c. NAME AND ADDRESS OF FACILITY Neptune Society of Reno 5690 S Virginia St. Suite 4-E Reno NV 89502	
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) NITA SCHWARTZ MD SIGNATURE AUTHENTICATED					
	21b. DATE SIGNED (Mo/Day/Yr) February 19, 2019		21c. HOUR OF DEATH 10:00		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
CAUSE OF DEATH	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)				22b. DATE SIGNED (Mo/Day/Yr)	
	22c. HOUR OF DEATH				22d. PRONOUNCED DEAD (Mo/Day/Yr)	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
	24a. REGISTRAR (Signature) ANGELICA RAMIREZ SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 21, 2019		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART I	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
	(a) Pancreatic Cancer With Metastasis DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II	(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
	(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
26. AUTOPSY (Specify Yes or No) No				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		
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

VRS-Rev-20120523a



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: **MAR 01 2019**

Julie Katchear
STATE REGISTRAR

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

