

APN# 1420-18-710-049

Recording Requested by/Mail to:

Name: FIRST AMERICAN TITLE

Address: 1663 US HWY 395 N STE 101

City/State/Zip: MINDEN NV 89423

Mail Tax Statements to:

Name: HERCHKORN

Address: 7770 PEAVINE SHADOW CT

City/State/Zip: RENO NV 89523

AFFIDAVIT TERMINATING JT

Title of Document (required)

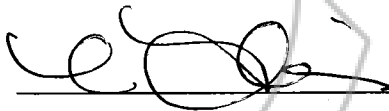
------(Only use if applicable)-----

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

E. TOBIAS

Printed Name

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

A.P.N.: 1420-18-710-049
File No: 143-2657280 (et)

When Recorded return to, and mail Tax Statements to:
HERCHKORN

1770 Peavine Shadow Ct
Reno NV 89523

AFFIDAVIT - TERMINATING JOINT TENANCY

Dorothy Herchkorn, of legal age, being first duly sworn, deposes and says:

That **Kenneth Leroy Herchkorn**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Kenneth Herchkorn** named as one of the parties in that certain **GRANT BARGAIN AND SALE DEED** dated **September 14, 2005** executed by **Kenneth Herchkorn and Dorothy Herchkorn** to **Kenneth Herchkorn and Dorothy Herchkorn** as joint tenants, recorded as Document No. **0657732** on **10/14/2005** in Book **1005** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

LOT 49 IN BLOCK B, AS SET FORTH ON THAT CERTAIN AMENDED FINAL MAP LDA #99-54-1A FOR SUNRIDGE HEIGHTS III, PHASE 1A, A PLANNED UNIT DEVELOPMENT, RECORDED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER ON DECEMBER 29, 2003, IN BOOK 1203, PAGE 12019, AS DOCUMENT NO. 600647.

Dorothy Herchkorn 9-21-22

Dorothy Herchkorn

Date

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

This instrument was acknowledged before me on this:
21st day of Sept 2022,

By: **Dorothy Herchkorn**

By: *Hannah Gearhart* / Its: _____

Notary Public
(My commission expires: 09/30/2024)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2012020945

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Kenneth Leroy HERCHKORN		2. DATE OF DEATH (Mo/Day/Year) December 30, 2012		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 number) Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer, Rm. Inpatient (Specify) Emergency Room / Outpatient		
DECEDENT	4. SEX Male		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic		
	7a. AGE-Last birthday (Years) 78		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS MINS		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) October 25, 1934		9a. STATE OF BIRTH (if not U.S.A. name country) California		9b. CITIZEN OF WHAT COUNTRY United States		
	10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Dorothy Ann HORST		
PARENTS	13. SOCIAL SECURITY NUMBER 4062		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Contractor		14b. KIND OF BUSINESS OR INDUSTRY Construction		
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Minden		
DISPOSITION	15d. STREET AND NUMBER 952 Chip Creek Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Arthur HERCHKORN		
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Carrie SCHOCK		18a. INFORMANT - NAME (Type or Print) Dorothy Ann HERCHKORN		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 952 Chip Creek Court Minden, Nevada 89423		
TRADE CALL	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) CURT KOESTLER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 823		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 N Roop Carson City NV 89706		
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) TIMOTHY GLENN GENTNER M.D. 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) January 06, 2013		21c. HOUR OF DEATH 02:40		22b. DATE SIGNED (Mo/Day/Yr)		
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)		
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Timothy Glenn Gentner M.D. 1200 N Mountain St Carson City, NV 89703		23b. LICENSE NUMBER 7494		24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 08, 2013		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).) Chronic Obstructive Pulmonary Disease		Interval between onset and death				
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(a) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
	(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					
(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.				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

465310

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:

01/10/2013

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

STATE REGISTRAR
R. D. White
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

