DOUGLAS COUNTY, NV

2022-992261

Rec:\$40.00

\$40.00

Pgs=5

12/09/2022 01:19 PM

FIRST AMERICAN TITLE MINDEN KAREN ELLISON, RECORDER

APN# 1220-12-310-019
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: Margarita G Adams
Address: 4000 Pierce St Space # 75
City/State/Zip: Riverside, CA 92505
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)
XAffidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
Judgment – NRS 17.150(4)
Military Discharge – NRS 419.020(2)
Signature ENALLY TOPLAS
EMILY TOBIAS
Printed Name
This document is being (re-)recorded to correct document #, and is correcting

A.P.N.: File No: 1220-12-310-019 143-2658968 (et)

When Recorded return to, and mail Tax Statements to: Margarita G. Adams 4000 Pierce St Space #75 Riverside CA 92505

AFFIDAVIT - TERMINATING JOINT TENANCY

Margarita G. Adams, of legal age, being first duly sworn, deposes and says:

That **Richard Michael Adams**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **R. Michael Adams** named as one of the parties in that certain **GRANT**, **BARGAIN AND SALE DEED** dated **4/4/2012** executed by **Steven K. Byers and Carissa Byers** to **Margarita G. Adams and Richard Michael Adams** as joint tenants, recorded as Document No. **801172** on **4/20/2012** in Book **412** of Official Records of **Douglas** County, **Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada**:

LOT 18, AS SHOWN ON THE MAP OF PINENUT SUBDIVISION UNIT 1, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JUNE 11, 1963, IN BOOK 1 OF MAPS, AS DOCUMENT NO. 22783.

	mary aute 6	n. Adams 12.	8-22
	Margarita G. Adams	Date	
STATE OF NEVADA)		
COUNTY OF DOUGLAS	;\$5.		
This instrument was acknowledged before day of By: Margarita G. Adams	e me on this:		
By:/ Its:			
Notary Public			
(My commission expires:)		

File No.: 143-2658968

NOTARY INFORMATION

Address:	1211	Fortuna	St	Perris	CA 92571
Daytime Phone Num	ber:	951 7	20 32	93	
State:		C4			
County:		River	side_		
				Reproduced by First Amer	ican Title Insurance 1/2001

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual

who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.	
State of California County of RIVERSIDE	
On DECEMBER 08, 2022 before me, ERICA GUADIAN , NOTARY PUBLIC	<u> </u>
(insert name and title of the officer)	1
personally appeared MARGARITA G. ADAMS	<u> </u>
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s subscribed to the within instrument and acknowledged to me that he/she/they executed the his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.	e same in nt the
I certify under PENALTY OF PERJURY under the laws of the State of California that the for paragraph is true and correct.	regoing
	·
WITNESS my hand and official seal. ERICA GUADIAN Notary Public - California Riverside County Commission # 2340117 My Comm. Expires Jan 2, 202	NNA1
Signature (Seal)	
3 \ \	·

CERTIFICATION OF VITAL RECORD

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

VITAL STATISTICS

CERTIFICATE OF DEATH

VIIAL SIANSIICS

CASE FILE NO. 4247994

TYPE OR	Ma DEOGRACED NAME (FIGURE)			7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 00 00 00 00 00 00 00 00 00 00 00 00 0	STATE FIL	E NUMBER	
PRINT IN	ENT Richard Michael ADAMS		Principal Company Comp		2 DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH			
PERMANENT BLACK INK			-	November 10	. 2021	Douglas		
DEADK IIIK	3b. CITY, TOWN, OR LOCATION	OF DEATH 3c HOSP	ITAL OR OTHER INSTITUTION	-Name(If not either, giv	e street an 3e.lf Hosp. or	Inst. indicate DOA,OF	P/Emer Rm. 4, SEX	
	Gardnerville	number)	1075 Helm	27 CAR 27 CART TARE 27	Inpatient(Spec	cify)		
DECEDENT	5. RACE (Specify)	A STATE OF THE PARTY OF THE PAR	6. Hispanic Origin? Specify	Company Company	76: UNDER 1 YEAR 70	Home UNDER 1 DAY 18 (Male	
	l ″ wh			(Years)	MOS DAYS H	OURS MINS	DATE OF BIRTH (Mo/Day/Yr)	
IF DEATH	9a. STATE OF BIRTH (If not US/C		FIMILIT COLINTRIVIA TO LO	67			March 22, 1954	
OCCURRED IN	name country) Texas		WHAT COUNTRY 10.EDUCA	Marri	ed 12. SURVIV	Margarita Ga	ast name prior to first marriage)	
HANDBOOK 13 SOCIAL SECURITY MIMBER 142 SIGNATURE OF THE PROPERTY OF THE PROPER							e um la suita de la	
REGARDING COMPLETION OF	4642	, ITAL OGOAL O	Civil Servant		The state of the s		Liver in Oct anica	
RESIDENCE ITEMS		5b. COUNTY	H5c CITY TOWN OR I		REET AND NUMBER	Navy	Forces? No	
		**************************************	marine district district and all	100	The state of the s	100 100 100 100 100 100 100 100 100 100	15e. INSIDE CITY LIMITS (Specify Yes	
	Nevada	Douglas	Gardnen		Helman Dr	to the control of	or No) Yes	
PARENTS	16. FATHER/PARENT - NAME (F	(7444)	100	17. MOTHER/	PARENT NAME (First			
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Richard K ADAI	The state of the s			NEWHOUSE		
o valet	18a, INFORMANT- NAME (Type o	a ADAMS	18b MAILING AD		.F.D. No, City or Town, St			
Nagr	19a. BURIAL, CREMATION, REM		Not perioden and	1075 Hel	man Dr. Gardnervil			
DISPOSITION	Crematic			a⊺ORY - NAME side/Memorial Par		9c LOCATION C	Francisco de la companya della compa	
				1 TOTAL TOTAL		and the state of	Nevada 89423	
	20a. FUNERAL DIRECTOR - SIGI	P MEYER	cting as Such) 20b. FUNERA	AL DIRECTOF 20c. NA	ME AND ADDRESS OF F			
	and the second s	RE AUTHENTICAT			Eastside Memor	ai Park Funerai eye Rd Minden I		
TRADE CALL	TRADE CALL - NAME AND ADDE				/ TOOO DUCK	sye Ku Williaen i	1V 09423	
TOOL OALL	7 04- 7-46- 1-4	Annahara and annahara and	at the time, date and place and	dio 1 220 On the	book of a post-off-	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	
	등일 to the cause(s) stated.(Sign	nature & Title)	at the lifting date dita place dita		basis of examination and/o date and place and due to the	ne cause(s) stated (Sig	inion death occurred	
هفي عالم ا	21b. DATE SIGNED (Mo/Day/Yr)			# 5 IGNAT	SIGNATIUS K KYEREMEH SIGNATURE AUTHENTICATED			
CERTIFIER	e ខ្លួំ 21b. DATE SIGNED (Mo/D	Jay/Yr) 21c.	HOUR OF DEATH		E SIGNED (Mo/Day/Yr)	22c. HOU	JR OF DEATH	
7.4	© E 21d NAME OF ATTENDIN	IC DUVE OLAN E OTH			lovember 29, 2021		12:10	
	폴론 21d NAME OF ATTENDIN 유병 (Type or Print)	IG PHI SICIAN IF OTH	ER THAN CERTIFIER	െ വരാക്ക് ക്രോ ക	DNOUNCED DEAD (Mo/D	CONTRACTOR OF THE PARTY OF THE	NOUNCED DEAD AT (Hour)	
La Salan Maria La		ERTIFIER (PHYSICIA)	ATTENDING DUVERNAN ME		November 10, 2021		12:10	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type of Print) Coroner Ignatius K Kyeremeh 1038 Buckeye Rd Minden, NV 89423							
REGISTRAR	24a. REGISTRAR (Signature)		SATARIANO	24b. DATE RECEIVE		246 DEATH DUE T	O COMMUNICABLE DISEASE	
REGIOTRAN		SIGNATURE AL		(4.4 - 17) 0.4-3	rember 29, 2021	YES T] NO [X]	
CAUSE OF	25. IMMEDIATE CAUSE		CAUSE PER LINE FOR (a). (b),		GMI20. 20, 2021		erval between onset and death	
DEATH	PARTI (a) Atheroscle	erotic Cardiova	ascular Disease		M 40 1 AV F		ervar between onset and death	
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CONDITIONS IF	_(b) Unknown				The rest of the control of the contr	Section 1 1000 Lancon	erval between onset and death	
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IMMEDIATE CAUSE		THE STATE OF THE S		EEFra. s.	in the same	Int	erval between onset and death	
STATING THE >	DUE TO, OR AS	A CONSEQUENCE OF			y <u>174 - 1846</u>	COMPANY OF THE PARTY OF THE PAR	<u></u>	
CAUSE LAST							terval between onset and death	
Zer Yes (Specify Are								
							Yes (Specify Yes or No) Yes	
	OR PENDING INVEST. (Specify)	200. DATE OF INJURY (M	or∪ay/Yr) 28c. HOUR OF IN.	JURY 28d DESCRIBE	HOW INJURY OCCURRED			
(A)					A CONTROL OF THE CONT			
- \ BE\	28e. INJURY AT WORK (Specify	28f. PLACE OF INJUR	Y- At nome, farm, street, factory	, office 28g. LOCATIO	ON STREET OR R.	F.D. No. CITY OF	R TOWN STATE	
\	Yes or No)	building, etc. (Specify)			- JACCOM N.		2 LOXAIG 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:

12/9/2021
This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



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