

DOUGLAS COUNTY, NV

2023-1000889

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\$40.00

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09/27/2023 01:47 PM

TICOR TITLE - GARDNERVILLE

SHAWNYNE GARREN, RECORDER

WHEN RECORDED MAIL TO:

Jeane U. Payne  
6421 Shaftesbury Ln  
Charlotte, NC 28270

MAIL TAX STATEMENTS TO:

Same As Above

The undersigned hereby affirms that this document submitted for recording includes a death certificate which may contain a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 2302973-RLT

APN No.: 1420-27-401-003

### AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF ~~NEVADA~~ <sup>NC</sup>

COUNTY OF ~~DOUGLAS~~ <sup>Mecklenburg</sup>

SS: <sup>JE</sup>

Jeane U Payne, of legal age and competent, to be a witness as to the matters stated herein, being duly sworn, deposes and says

That James David Payne the decedent mentioned in the attached copy of the Certificate of Death, is the same person as James D. Payne named as one of the Grantees in that certain Deed from David J. Furin and Carolyn M. Furin husband and wife as joint tenants to James D. Payne and Jeane U. Payne husband and wife as joint tenants with right of survivorship recorded in Book 392 as Instrument No. 273326, on March 16 1992 of Official Records of Douglas County, Nevada, covering the following described property.

SEE EXHIBIT "A" ATTACHED HERETO AND BY REFERENCE MADE A PART HEREOF

Dated: 9.25.2023

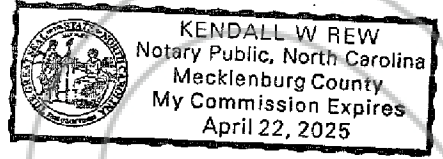
JEANE U. PAYNE BY [Signature] HER ATTORNEY IN FACT.  
Jeane U. Payne, By Ronald James Orozco as, her attorney in fact

STATE OF NEVADA }  
COUNTY OF BOULDER } SS: rr  
NC  
Mecklenburg

This instrument was acknowledged before me on September 25<sup>th</sup> 2023

by Jean U Payne by: Ronald James Orozco, Her Attorney  
In Fact

[Signature]  
NOTARY PUBLIC



**STATE OF NEVADA**  
**CERTIFICATE OF VITAL RECORD**

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

CASE FILE NO. 4144745

**CERTIFICATE OF DEATH**

**2020009709**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>James David PAYNE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 11, 2020</b>		3a. COUNTY OF DEATH <b>Carson City</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) <b>Carson Tahoe Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Intensive Care Unit (ICU)</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>92</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Colorado</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Jeanne UFFORD</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>April 30, 1928</b>	
13. SOCIAL SECURITY NUMBER <b>██████████-3369</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Liquor Company</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Minden</b>	
15d. STREET AND NUMBER <b>1409 Kim Place</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		14c. Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Frank PAYNE</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Ethel DELLAPLANE</b>		
18a. INFORMANT-NAME (Type or Print) <b>Jeanne PAYNE</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1409 Kim Place Minden, Nevada 89423</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Autumn Cremation Services</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JOHN LAWRENCE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD304</b>		20c. NAME AND ADDRESS OF FACILITY <b>Autumn Funerals &amp; Cremations 1575 N Lompa Ln Carson City NV 89701</b>	
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) <b>CRAIG RAU MD</b>			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) <b>May 13, 2020</b>		21c. HOUR OF DEATH <b>19:54</b>		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) <b>Graig Rau MD 1600 Medical Parkway Carson City, NV 89703</b>				23b. LICENSE NUMBER <b>10991</b>	
24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 13, 2020</b>		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				Interval between onset and death	
(a) <b>Cardiopulmonary Arrest</b>				Interval between onset and death	
(b) <b>Esophageal Dysphagia</b>				Interval between onset and death	
(c) <b>Myasthenia Gravis</b>				Interval between onset and death	
(d) <b>Hyperlipidemia</b>				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Glaucoma; Unknown Etiology</b>				25. AUTOPSY (Specify Yes or No) <b>No</b>	
26a. ACC. SUICIDE, HON., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>			
28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28c. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST



**CERTIFIED COPY OF VITAL RECORDS**

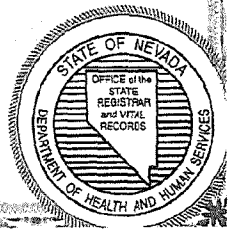
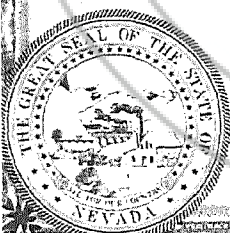
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

**5/15/2020**

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

*Wesley T Storey*  
STATE REGISTRAR



Escrow No.02302973-RLT

**EXHIBIT A  
LEGAL DESCRIPTION**

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

Parcel 1:

The North 330 feet of the East 132 feet of the West 396 feet of the Southwest 1/4 of the Southwest 1/4 of the Southwest 1/4 of Section 27, Township 14 North, Range 20 East, M.D.B.&M.

PARCEL 2:

An easement for roadway over the North 25 feet of the North 330 feet, of the West 264 feet of the Southwest 1/4 of the Southwest 1/4 of the Southwest 1/4 of Section 27, Township 14 North, Range 20 East, M.D.B.&M.

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