

APN# 1022-16-001-044

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: BUSTER J. THARP

Address: 3832 Semallon Dr

City/State/Zip: Modesto CA 95356

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)

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.KELSH

Printed Name

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

A.P.N.: 1022-16-001-044
File No: 143-2672354 (et)

When Recorded return to, and mail Tax Statements to:
BUSTER J. THARP

AFFIDAVIT - TERMINATING JOINT TENANCY

Buster J. Tharp, of legal age, being first duly sworn, deposes and says:

That **Benny James Robinson**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Benny J. Robinson** named as one of the parties in that certain **Individual Grant Deed** dated **February 9, 1998** executed by **Benny J. Robinson and Juanita J. Robinson** to **Buster J. Tharp and Benny J. Robinson and Juanita J. Robinson** as joint tenants, recorded as Document No. **0432538** on **FEB 12, 1998** in Book **0298** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

Lot 3, in Block L, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 4, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on November 16, 1970, in Book 1 of Maps, Page 224, as Document No. 50212.

Buster Tharp 5.21.21
Buster J. Tharp Date

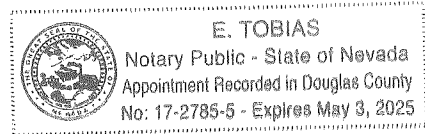
STATE OF **NEVADA**)
) :ss.
COUNTY OF **DOUGLAS**)

This instrument was acknowledged before me on this:
21 day of May, 2021

By: ~~Buster Tharp~~ Buster J. Tharp.

By: [Signature] / Its: _____

Notary Public
(My commission expires: 5.3.25)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4092567

CERTIFICATE OF DEATH

2019014433
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Benny James ROBINSON			2. DATE OF DEATH (Mo/Day/Year) July 13, 2019		3a. COUNTY OF DEATH Douglas			
	3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Evergreen Gardnerville Health & Rehab Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Specify) Residential Care Facility		4 SEX Male		
	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 89	7b. UNDER 1 YEAR MOST DAYS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) June 06, 1930	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Texas		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13		11. MARITAL STATUS (Specify) Married	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Juanita HILL	
	13. SOCIAL SECURITY NUMBER ██████████-0755		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Plant Manager			14b. KIND OF BUSINESS OR INDUSTRY FACTURING (PRODUCT NOT SPEC		Ever in US Armed Forces? Yes	
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Lyon		15c. CITY, TOWN OR LOCATION Wellington		15d. STREET AND NUMBER 1477 Sandstone Dr		15e. INSIDE CITY LIMITS (Specify Yes or No) No
	16. FATHER/PARENT - NAME (First Middle Last Suffix) James ROBINSON					17. MOTHER/PARENT - NAME (First Middle Last Suffix) Inez REA			
DISPOSITION	18a. INFORMANT- NAME (Type or Print) Juanita ROBINSON			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1477 Sandstone Dr Wellington, Nevada 89444					
	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		
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN THOMAS SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410			
	TRADE CALL - NAME AND ADDRESS								
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) JOSE AGUIRRE MD 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) July 19, 2019		21c. HOUR OF DEATH 06:20		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		
	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) Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703						23b. LICENSE NUMBER 11479		
REGISTRAR	24a. REGISTRAR (Signature) ANGELICA RAMIREZ SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 24, 2019		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)							Interval between onset and death	
	PART I (a) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Chronic Obstructive Pulmonary Disease DUE TO, OR AS A CONSEQUENCE OF: (c) Pneumonia DUE TO, OR AS A CONSEQUENCE OF: (d) Unspecified Atrial Fibrillation							Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Displaced intertrochanteric Fracture Of Right Femur; Hypertension; History Of Falling; Unknown Etiology						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:

12/18/2020

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

Angela Ramirez
STATE REGISTRAR

