

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

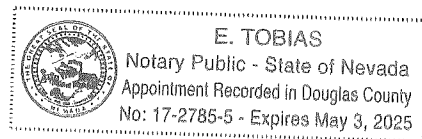
Buster J. Tharp, of legal age, being first duly sworn, deposes and says:

That **Juanita June Robinson**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Juanita 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 5.21.2024
Buster J. Tharp Date

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



This instrument was acknowledged before me on this:
21 day of may, 2024

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. 4391002

CERTIFICATE OF DEATH

2024000445
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

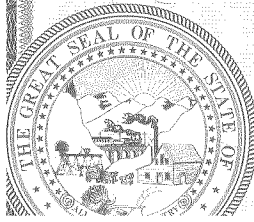
CERTIFIER

REGISTRAR

CAUSE OF
DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Juanita June ROBINSON			2. DATE OF DEATH (Mo/Day/Year) January 10, 2024		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 number) Eagle Valley Care Center			3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Assisted Living Facility			
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 91		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		
9a. STATE OF BIRTH (If not US/CA, name country) Oklahoma		9b. CITIZEN OF WHAT COUNTRY UNITED STATES		10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		
13. SOCIAL SECURITY NUMBER [REDACTED]-9851		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Housekeeping			14b. KIND OF BUSINESS OR INDUSTRY Private Homes		4. SEX Female	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Wellington		15d. STREET AND NUMBER 1477 Sandstone Dr		
16. FATHER/PARENT - NAME (First Middle Last Suffix) James Lee HILL				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Viola J DAVIS				
18a. INFORMANT- NAME (Type or Print) Michael ROBINSON			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) Po Box 846 Alta, California 95701					
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) CARLEN THOMAS SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Waltons Funerals & Cremations-Chapel of the Valley 1281 N Roop Carson City NV 89706			
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) JENNIFER L WHITMORE DO 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 16, 2024		21c. HOUR OF DEATH 08:50		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) Jennifer L Whitmore DO 7842 W Sahara Ave Las Vegas, NV 89117						23b. LICENSE NUMBER DO2579		
24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 16, 2024		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 (a) Protein Calorie Malnutrition DUE TO, OR AS A CONSEQUENCE OF: (b) Vascular Dementia DUE TO, OR AS A CONSEQUENCE OF: (c) Hypertension DUE TO, OR AS A CONSEQUENCE OF: (d)						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.						26. AUTOPSY (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		



CERTIFIED COPY OF VITAL RECORDS

Cody D. Prineas

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.

1/18/2024

DATE ISSUED:

STATE REGISTRAR

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

