

When Recorded Mail To:

Mr. David W. Wooley
3797 Zeolite Circle
Wellington, Nevada 89444

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
 : ss
COUNTY OF DOUGLAS)

DAVID W. WOOLEY, being first duly sworn, deposes and says:
That he is over the age of 21 years and competent to be a witness to the matters hereinafter set forth.

That the affiant is the person named as DAVID W. WOOLEY, joint tenant, one of the two grantees on that certain Grant, Bargain, Sale Deed recorded in the Office of the County Recorder of Douglas County, State of Nevada, on the 11th day of January, 1988, in Book 188, Page 1293, being document number 170636, wherein DAVID W. WOOLEY and PHYLLIS M. WOOLEY, husband and wife, as joint tenants, were named as grantees to all that real property described as follows:

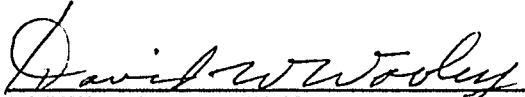
lot 11, as shown on the map of TOPAZ RANCH ESTATES UNIT NO. 3, filed in the office of the County Recorder of Douglas County, Nevada, on march 31, 1969, in Book 1 of Maps, page 221, as Document No. 44091.

Assessment Parcel No. 37-291-08.

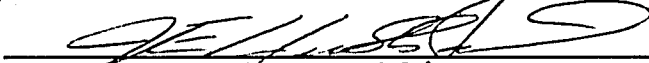
That PHYLLIS M. WOOLEY was one of the grantees named in said Grant, Bargain, Sale Deed and was the identical person named as PHYLLIS MAE WOOLEY, the decedent, in that Death Certificate, a certified copy of which is annexed hereto as "Exhibit A" and made a part hereof, as if set forth in full, verbatim.

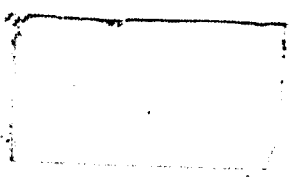
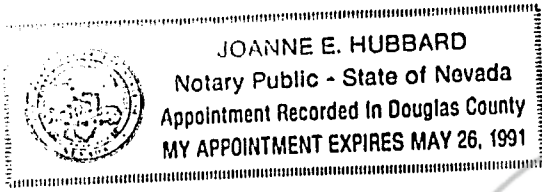
That your affiant is the surviving spouse of said decedent and that said decedent died on the 26th day of December, 1988.

That your affiant makes this affidavit under penalty of perjury in accordance with the laws of the State of Nevada.


DAVID W. WOOLEY

SUBSCRIBED AND SWORN to before me
this 16 day of February 1989.


Notary Public



STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Phyllis Mae Wooley		2. December 26, 1988	3a. Douglas
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	INSIDE CITY LIMITS (Specify Yes or No)
3b. Wellington		3c. 3797 Zeolite Circle	3d. Yes
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		ETHNIC	AGE—Last Birthday (Years)
4a. White		4b. American	5a. 61
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. California		9. U.S.A.	10. Married
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY
13. ████████-2730		14a. Homemaker	14b. Own Home
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION
15a. Nevada		15b. Douglas	15c. Wellington
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Joe Hallett		17. Daisy Horn	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. David Wooley		18b. 3797 Zeolite Circle, Wellington, Nevada 89444	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State
19a. Cremation		19b. Sierra Crematory	19c. Reno Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		NAME AND ADDRESS OF FACILITY	
20a. <i>William Wittington</i>		Walton's Chapel of the Valley 1281 N. Roop Street, Carson City, Nevada 89706	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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 and Title) <i>William Wittington</i>		(Signature and Title) <i>Billie Colander, Jr.</i>	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. _____		22b. 12-27-88	
HOUR OF DEATH		HOUR OF DEATH	
21c. _____		22c. 1255	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. _____		12-26-88	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)		PRONOUNCED DEAD (Hour)	
23. Mike Biaggini, Dep. Coroner, P.O. Box 218, Minden, Nv. 89423		22d. UN	
22e. AT 1255		REGISTRAR	
24a. (Signature) <i>Joe Hallett</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24b. December 28, 1988		DEATH DUE TO COMMUNICABLE DISEASE	
24c. 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) Natural Lung Cancer		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b)		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)	
26. No		27. Yes	
ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a. _____		28b. _____	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. _____		28d. _____	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e. _____		28f. _____	
LOCATION.		STREET OR R.F.D. No.	
28g. _____		CITY OR TOWN	
STATE		STATE	

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

196572

BOOK 289 PAGE 2058

VITAL RECORDS

SEAL N° 80740
William Wittington

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: DEC 28 1988

EXHIBIT

Deputy Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

COPY

REQUESTED BY
James O'Reilly
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'89 FEB 21 AM 11:26

SUZANNE BEAUDREAU
RECORDER 500K
\$ 8.00 PAID *ch* DEPUTY

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289 PAGE **2059**