

When Recorded Mail To:

Charlotte B. Greenwood
797 Pinto Circle
Gardnerville, Nevada 89410

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
): SS
COUNTY OF DOUGLAS)

CHARLOTTE B. GREENWOOD, being first duly sworn, deposes and says:

That she 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 CHARLOTTE B. GREENWOOD, joint tenant, one of the four grantees on that certain Grant Deed recorded in the Office of the County Recorder of Douglas County, State of Nevada, on the 10th day of July, 1986, in Book 786, Page 770, being document number 137342, wherein JAMES E. GREENWOOD and CHARLOTTE B. GREENWOOD, husband and wife, as joint tenants, were named as grantees to all that real property described as follows:

A parcel of land situated in and being a portion of Section 24, Township 12 North, Range 20 East, M.D.B. & M., and also a division of Lot 20, as shown on the Official Map of RUHENSTROTH RANCHOS SUBDIVISION, filed for record in the Office of the County Recorder of Douglas County, Nevada, on April 14, 1965, as Document No. 27706, more particularly described as follows:

PARCEL NO. 2 as set forth on that certain Parcel Map No. 3 for Philip V. Carter, filed for record in the office of the County Recorder of Douglas County, Nevada on January 21, 1983, in Book 183 Page 976, Document No. 75308.

Assessor's Parcel No. 29-462-29

✓
JAMES M. O'REILLY
ATTORNEY AT LAW
PO BOX 1268
GARDNERVILLE, NV 89410
(702) 782-3647

207958

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That JAMES E. GREENWOOD was one of the grantees named in said Grant Deed and was the identical person named as JAMES EGERTON GREENWOOD, 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 12th day of April, 1989.

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

Charlotte B Greenwood
CHARLOTTE B. GREENWOOD

SUBSCRIBED AND SWORN to before me
this 2 day of August, 1989.

Joanne Kortan
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

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 STARTING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1 James Egerton GREENWOOD		2 April 12, 1989	3a Douglas
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp or Inst. indicate DOA, OPI/Emer Rm Inpatient (Specify)
3b Rural-Douglas		3c 797 Pinto Circle	3e Male
RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify () yes (x) no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS
5 White	6	7a 65	7b
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
9a Massachusetts	9b U.S.A.	10 18	11 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 [REDACTED]-7032	14a Deputy Director of Stores	14b Unified School	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
15a Nevada	15b Douglas	15c Gardnerville	15d 797 Pinto Circle
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16 James Greenwood		17 Ellen Egerton	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a Charlotte B. Greenwood		18b 797 Pinto Circle, Gardnerville, Nevada 89410	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION	City or Town State
19a Cremation	19b FitzHenry's Crematory	19c Carson City	Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY	
20a [Signature]	20b #36	20c Crematory, P.O. Box 1775, Carson City, NV 89702	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated: (Signature and Title) [Signature] DATE SIGNED (Mo., Day, Yr.)		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) and manner stated: (Signature and Title) [Signature - Coroner Inv.] DATE SIGNED (Mo., Day, Yr.)	
21b		22b 04-13-89	
21c. HOUR OF DEATH		22c. HOUR OF DEATH	
21d		22d. ON 04-12-89	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. AT 1215	
21f. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a M. Biaggini, Deputy Coroner, P.O. Box 218, Minden, NV 89423		23b #141	
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
24a [Signature]	24b April 13, 1989	24c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death	
PART I (a) Gunshot wound to head DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
(b) Consequence of Adenocarcinoma of the colon DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No)	
PART II		26. yes	
ACQ., SUICIDE, HOM., UNDET. OR PENDING INVEST (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a Suicide	28b Apr. 12, 1989	28c 12:04 P.M.	28d Self-inflicted gunshot wound to head
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. No. CITY OR TOWN STATE
28e No	28f At Home	28g 797 Pinto Circle	Gardnerville Nevada

STATE REGISTRAR

No. 004891

EXHIBIT A By: [Signature]

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

Date Issued:

Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY
James M O'Reilly
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY NEVADA

'89 AUG -3 A11 :09

SUZANNE BEAUDREAU
RECORDER

207958

\$ 8⁰⁰ PAID K/2 DEPUTY

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