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AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

WESLEY H. TAYLOR, does hereby swear under penalty of perjury that the assertions of this affidavit are true:

1. That affiant is over the age of 21 years and competent to be a witness as to the matters hereinafter stated.

2. That ANITA BURRIS TAYLOR, the decedent mentioned in the attached certified copy of the Certificate of Death is the same person as ANITA A. TAYLOR named as one of the parties in that certain Joint Tenancy Deed dated March 4, 1972, executed by Fred T. Thomsen and Carol J. Thomsen, husband and wife, granted to WESLEY H. TAYLOR and ANITA A. TAYLOR, husband and wife, as joint tenants, recorded as Instrument No. 58779 on April 13, 1972, Book 99, Page 81-82 of Official Records of Douglas County, Nevada, covering the following described property situate in the County of Douglas, State of Nevada, at 822 Galena Court, Gardnerville, more particularly described as:

Lot 16 in Block H, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 4, filed in the office of the County Recorder of Douglas County, Nevada, on April 10, 1967.

Assessor's Parcel Number: 27-541-12

3. That ANITA A. TAYLOR was one of the grantees named in said deed and was the identical person named as ANITA BURRIS TAYLOR, the decedent in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof, which person died on the 20th day of April, 1998, in Carson City,

0446935

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State of Nevada.

Dated: 8-5-98

By: Wesley H. Taylor
WESLEY H. TAYLOR

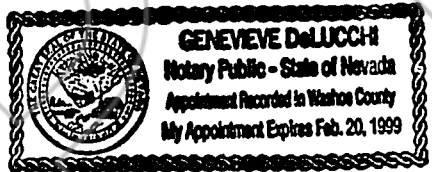
STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

On the 5th day of August, 1998, personally appeared before me, a Notary Public in and for the county and state aforesaid, WESLEY H. TAYLOR, known to be to be the person described herein and who executed the foregoing instrument, and who acknowledged to me that she subscribed the same freely and voluntarily and for the uses and purposes therein contained.

Genevieve DeLucchi
NOTARY PUBLIC

Recording requested by:

KARLA K. BUTKO
Attorney at Law
1030 Holcomb Avenue
Reno, Nevada 89502



When recorded please mail to:

KARLA K. BUTKO
Attorney at Law
1030 Holcomb Avenue
Reno, Nevada 89502

0446935

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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

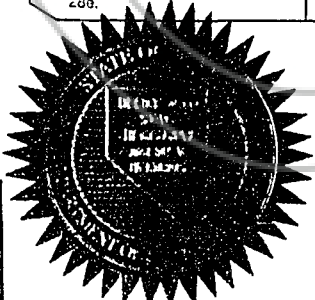
DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
1. Anita Burris TAYLOR		2 April 20, 1998		3a. Carson City	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	SEX
3b. Carson City		3c. Carson-Tahoe Hospital		3e. Inpatient Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	UNDER 1 YEAR UNDER 1 DAY
5. White		6. X		7a. 66	7b. 7c.
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.	
3a. West Virginia		9b. U.S.A.		10. 12	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
13. -6579		14a. Homemaker		14b. Own Home	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER
15a. Nevada		15b. Douglas	15c. Gardnerville		15d. 822 Galena Ct.
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		INSIDE CITY LIMITS (Specify Yes or No)	
16. Ralph O. Burris Sr.		17. Ola Chapman		15e. Yes	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Wesley H. Taylor--Husband		18b. 822 Galena Ct., Gardnerville, NV. 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. 217	20c. Home, 1555 Hwy 395, Minden, Nevada 89423		
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) and manner stated.			
(Signature and Title) → Andrea Weed, MD		(Signature and Title) → [Signature]			
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH			
21b. 4/21/98		21c. 1503			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
21d.		22d. ON		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER			
23a. Dr. Andrea Weed, 1540 Hwy 395, Gardnerville, Nevada 89410		23b. 0675			
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE		
24a. [Signature]		24b. 04/21/98	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) Respiratory arrest		DUE TO, OR AS A CONSEQUENCE OF:		minutes	
(b) Acute myocardial infarction		DUE TO, OR AS A CONSEQUENCE OF:		days	
(c) Acute exacerbation of chronic lung disease		DUE TO, OR AS A CONSEQUENCE OF:		days	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)		
26. No		26. No		27. Yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	
28a.		28b.	28c. M	28d.	
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.		28f.	28g.		



STATE REGISTRAR

No. 126051

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

Yvonne Sylva

Date Issued: APR 21 1998 0446935

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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Wesley H. Taylor
Affidavit Terminating Joint Tenancy (cont'd)

Recording Requested By:

Karla K. Butko, Esq.
1030 Holcomb Ave.
Reno, NV 89502

When Recorded Return To:

✓ Karla K. Butko, Esq.
1030 Holcomb Ave.
Reno, NV 89502

COPY

REQUESTED BY
Karla Butko
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'98 AUG 12 A11:57

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LINDA SLATER
RECORDER
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