

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

NAME RALPH JONES
STREET ADDRESS 2455 East Valley Rd.
CITY, STATE, ZIP Minden, NV 89423

Order No. Escrow No.

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit -- TERMINATION OF LIFE ESTATE

Nevada
STATE OF ~~CALIFORNIA~~,

County of DOUGLAS

Ralph Jones

} ss.

, of legal age, being first duly sworn, deposes and says:

That Thomas Everett Jones, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Thomas E. Jones named as one of the parties in that certain Grant Deed dated March 1, 1996, executed by Thomas E. Jones, whereby he reserved a life estate to Ralph Jones

, recorded as Instrument No. 443164, on June 29, 1998, in book 698, page 6704, of Official Records of County, Douglas covering the following described property situated in the County of Douglas, State of ~~California~~ Nevada:

The West 1/2 of the Southwest 1/4 of the Northwest 1/4 of the Southwest 1/4 of Section 2, Township 13 North, Range 20 East, M.D.B.&M.

A.P.N. 23-090-06

Dated 12-15-98

Ralph Jones
Ralph Jones

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, this 12-15-98 day of

Janice K. Condon
Notary Public in and for said County and State



0456573

BK 1298 PG 3679

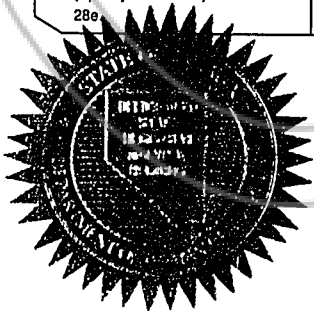
(This area for official notarial seal)

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	1. DECEASED—NAME First Middle Last Thomas Everett JONES	
	2. DATE OF DEATH (Month, Day, Year) April 30, 1998	
	3a. COUNTY OF DEATH Douglas	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	3b. CITY, TOWN OR LOCATION OF DEATH Minden	
	3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 2455 E. Valley Road	
	3e. SEX Male	
PARENTS	5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White	
	6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
	7a. AGE—Last Birthday (Years) 72	
DISPOSITION	8. DATE OF BIRTH (Mo., Day, Yr.) Nov. 12, 1925	
	9a. STATE OF BIRTH (If not U.S.A., name country) Canada	
	9b. CITIZEN OF WHAT COUNTRY U.S.A.	
CERTIFIER	10. Decedent's Education. Specify highest grade completed. 12	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
	12. SURVIVING SPOUSE (If wife, give maiden name)	
CAUSE OF DEATH	13. SOCIAL SECURITY NUMBER 5535	
	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Auditor	
	14b. KIND OF BUSINESS OR INDUSTRY Automotive	
PARENTS	15a. RESIDENCE—STATE Nevada	
	15b. COUNTY Douglas	
	15c. CITY, TOWN, OR LOCATION Minden	
DISPOSITION	16. FATHER—NAME First Middle Last Oscar C. Jones	
	17. MOTHER—MAIDEN NAME First Middle Last Norah F. Cutler	
	18a. INFORMANT—NAME (Type or Print) Ralph Jones	
CAUSE OF DEATH	18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 2455 East Valley Road, Minden, Nevada 89423	
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
	19b. CEMETERY OR CREMATORY—NAME FitzHenry's Crematory	
CAUSE OF DEATH	19c. LOCATION City or Town State Carson City, Nevada	
	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>James P. ...</i>	
	20b. FUNERAL DIRECTOR LICENSE NUMBER 217	
CAUSE OF DEATH	20c. NAME AND ADDRESS OF FACILITY FitzHenry's Funeral Home 833 N. Edmonds Dr., Carson City, Nevada 89701	
	21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>Robert M. McDonald</i> DATE SIGNED (Mo., Day, Yr.) 5/4/98 HOUR OF DEATH 1609	
	22. 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) <i>Robert M. McDonald</i> DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour)	
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Robert McDonald, M.D., 710 W. Washington, Carson City, Nevada	
	23b. LICENSE NUMBER 6433	
	24. REGISTRAR (Signature) <i>Donna R. Kachup</i> DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) May 5, 1998	
CAUSE OF DEATH	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) Respiratory Failure Interval between onset and death: hours	
CAUSE OF DEATH	(b) Chronic Obstructive Pulmonary Disease Interval between onset and death: years	
	(c) Chronic Respiratory Failure Interval between onset and death: years	
	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) No WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
CAUSE OF DEATH	28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	
	28b. DATE OF INJURY (Mo., Day, Yr.)	
	28c. HOUR OF INJURY	
CAUSE OF DEATH	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)	
CAUSE OF DEATH	28g. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	



STATE REGISTRAR

No. 126134

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:

MAY 05 1998 0456573

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 1298PG3680

REQUESTED BY
WESTERN TITLE COMPANY, INC.

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'98 DEC 15 P12:08

0456573

BK 1298 PG 3681

LINDA SLATER
RECORDER
\$ 9.00 PAID KJ DEPUTY