

AFFIDAVIT TERMINATING JOINT TENANCY

State of Nevada)

County of ^{ss} *Douglas*)

Helena M. Kaar, being first duly sworn, deposes and states as follows:

That Affiant is over the age of eighteen (18) years and competent to testify to the matters contained herein;

That Affiant makes this Affidavit for the purposes of terminating Joint Tenancy for one or more Joint Tenants named on the property commonly known as 168D Holly Lane, Stateline, Nevada; and more specifically described as APN 07-081-76;

A Parcel of land situate in and being a portion of Section 23, Township 13 North, Range 18 East, M.D.B. & M. and further being a portion of Lot 9A and 9B of Lake Village Unit No. 2C Subdivision, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 20, 1972, as Document No. 58124, more particularly described as follows:

Unit D as set forth on that certain Parcel Map for Elmer Weekley, filed for record in the Office of the County Recorder of Douglas County, Nevada, on March 15, 1978 as Document No. 18554.

That Affiant has personal knowledge of the death of William E. West; who died on March 2, 1999, in the County of Douglas, State of Nevada; a certified copy of that certain Death Certificate, is attached hereto and made a part hereof by reference.

That Affiant is the wife of decedent, William E. West;

That said Decedent held the above-described property in Joint Tenancy by a Deed recorded in the Official Records of the County Recorder of Douglas, as Document No. 0427461, in Book 1297, Page 0404.

That further, by this Affidavit your Affiant hereby terminates the Joint Tenancy of William E. West, deceased, vesting title or interest to the remaining spouse, or other surviving joint tenants.

[Handwritten Signature]

HELENA M. KAAR

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4/14/99

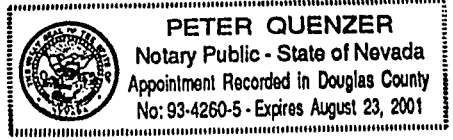
[Handwritten Signature]
PETER QUENZER
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 93-4260-5 - Expires August 23, 2001

That further your Affiant sayeth not.

Helena M. Kaar
HELENA M. KAAR

Subscribed and Sworn to before me
this 12th day of April, 1999.

Peter Quenzer
Notary Public



When Recorded, please return to:

✓ SPRINKEL & BURAU LLC
P.O. Box 10106
Reno, NV 89510
(775) 786-1555

AFFIANT'S ADDRESS:

Helena M. Kaar
P.O. Box 12130
Zephyr Cove, NV 89448

COPY

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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			STATE FILE NUMBER		
1. DECEASED—NAME First Middle Last William E. WEST Jr.			2. DATE OF DEATH (Month, Day, Year) March 2, 1999		3a. COUNTY OF DEATH Douglas
3b. CITY, TOWN OR LOCATION OF DEATH Zephyr Cove		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 210 Sugarpine		3e. SEX Male	
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.		8. DATE OF BIRTH (Mo., Day, Yr.) November 2, 1935	
9a. STATE OF BIRTH (If not U.S.A., name country) Rhode Island		9b. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed. 19	
13. SOCIAL SECURITY NUMBER 5216		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired) Retired Pilot		14b. KIND OF BUSINESS OR INDUSTRY Aviation Industry	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Zephyr Cove	
15d. STREET AND NUMBER 210 Sugarpine		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER—NAME First Middle Last William West			17. MOTHER—MAIDEN NAME First Middle Last Mary O'Brien		
18a. INFORMANT—NAME (Type or Print) Helena West - Wife			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 210 Sugarpine Circle, Zephyr Cove, Nevada 89448		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal Burial		19b. CEMETERY OR CREMATORY—NAME National Cemetery		19c. LOCATION City or Town State Gustine, California	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>James Bunker</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 9		20c. NAME AND ADDRESS OF FACILITY Walton's Chapel of the Valley 1281 North Roop St., 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. (Signature and Title) <i>John P. Kelly, M.D.</i>		21b. DATE SIGNED (Mo., Day, Yr.) 3/3/99		21c. HOUR OF DEATH 1630	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <i>[Signature]</i>		22b. DATE SIGNED (Mo., Day, Yr.)	
22c. PRONOUNCED DEAD (Mo., Day, Yr.)		22d. ON		22e. AT	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Dr. J. Kelly, 550 W. Washington St., Carson City, Nevada 89703			23b. LICENSE NUMBER 6376		
24a. REGISTRAR (Signature) <i>Lera A. Kochamp</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) March 4, 1999		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).)				Interval between onset and death 2 months	
PART I (a) Liver Failure DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				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		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY M	
28d. DESCRIBE HOW INJURY OCCURRED		28e. LOCATION		28f. STREET OR R.F.D. No.	
28g. CITY OR TOWN		28h. STATE			
28i. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28j. LOCATION		28k. STREET OR R.F.D. No.	
28l. CITY OR TOWN		28m. STATE			



STATE REGISTRAR

No. 145163

Yvonne Sylva

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

Date Issued: **MAR 04 1999**

0465860

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY
Sprinkler Bureau
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'99 APR 16 A9:44

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LINDA SLATER
RECORDER
\$10⁰⁰ PAID KJ DEPUTY

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