

AFFIDAVIT TERMINATING JOINT TENANCY

State of Nevada)

County of Douglas :SS)

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 210 Sugarpine Circle, Zephyr Cove, Nevada; and more specifically described as APN 03-172-26;

Lot 54, as shown on the map of North Lakeridge and revised plat of portion of Lakeridge Estates No. 2, filed in the Office of the County Recorder of Douglas County, Nevada, on August 29, 1960 as Document No. 16529.

TOGETHER WITH an easement for the use and maintenance of the existing driveway across the Southwest corner of Lot 53 which easement is for the use of Lot 54.

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. 368419, in Book 0895, Page 2516.

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.

That further your Affiant sayeth not.

Subscribed and Sworn to before me this 17th day of April, 1999.

[Signature]
Notary Public

[Signature]
HELENA M. KAAR

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

0465861

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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

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. William E. WEST Jr.		2. March 2, 1999	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	
3b. Zephyr Cove		3c. 210 Sugarpine	
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.	
5. White		6. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
AGE—Last Birthday (Years)		UNDER 1 YEAR	
7a. 63		MOS : DAYS	
		7b. :	
		7c. :	
DATE OF BIRTH (Mo., Day, Yr.)		SEX	
8. November 2, 1935		4. Male	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. Rhode Island		9b. U.S.A.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
13. 5216		14a. Retired Pilot	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Zephyr Cove	
COUNTY		STREET AND NUMBER	
15b. Douglas		15d. 210 Sugarpine	
		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. William West		17. Mary O'Brien	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Helena West - Wife		18b. 210 Sugarpine Circle, Zephyr Cove, Nevada 89448	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Removal Burial		19b. National Cemetery	
		19c. Gustine, California	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. <i>[Signature]</i>		20b. 9	
NAME AND ADDRESS OF FACILITY		20c. 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)		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)	
21b. 3/3/99		21c. 1630	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo., Day, Yr.)	
21e. Dr. J. Kelly, M.D.		22c. HOUR OF DEATH	
		22d. PRONOUNCED DEAD (Mo., Day, Yr.)	
		22e. PRONOUNCED DEAD (Hour)	
		22f. ON	
		22g. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER	
23a. Dr. J. Kelly, 550 W. Washington St., Carson City, Nevada 89703		23b. 6376	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. (Signature) <i>[Signature]</i>		24b. March 4, 1999	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		DEATH DUE TO COMMUNICABLE DISEASE	
PART I (a) Liver Failure		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
		: 2 months	
(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 resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	
		26. No	
		27. Yes	
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
		28b. :	
		28c. :	
		28d. M	
DESCRIBE HOW INJURY OCCURRED		LOCATION.	
		STREET OR R.F.D. No.	
		CITY OR TOWN	
		STATE	
28e. AT WORK		28f. 28g.	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			
28h. 28i.			

DECEASED

PARENTS

DISPOSITION

CERTIFIER

CAUSE OF DEATH



STATE REGISTRAR

No. 145163

[Signature]

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 0465861**

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY
Sprinkel + Buran
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'99 APR 16 A9:45

0465861

LINDA SLATER
RECORDER
\$10⁰⁰ PAID k2 DEPUTY

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