AFFIDAVIT TERMINATING JOINT TENANCY

State of Nevada)
County of foughts.)

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 /// jay of Och 1999.

Notary Public

helena m. kaar

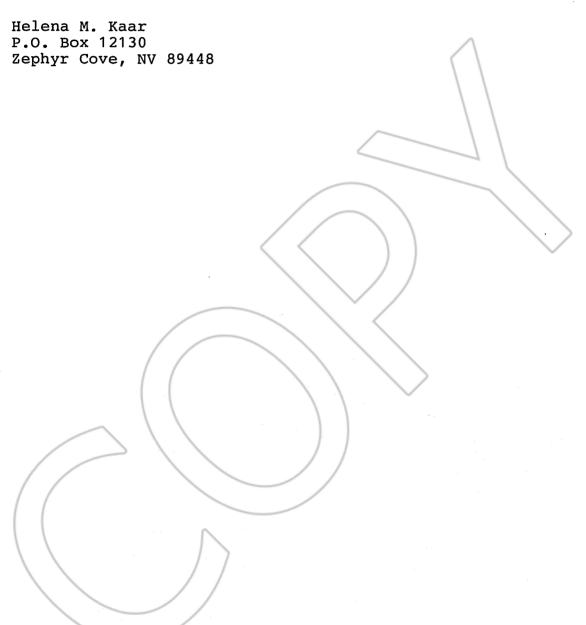
PETER QUENZER
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 93-4269-5 Excites Alapata 23, 2001

0465861

When Recorded please return to:

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

AFFIANT'S ADDRESS:



0465861 BK0499PG3250

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 NUMB	ER '				STATE FILE NUMBER	
TYPE OR PRINT	DECEASED-NAME First	Middle	Last	DATE OF DEAT	H (Month, Day, Year)	COUNTY OF DEATH	
IN PERMANENT	Will:	iam E.	WEST J	r. 2 March	2,1999	3a. Douglas	
BLACK INK	CITY, TOWN OR LOCATION O		HER INSTITUTION—Name (II not e		If Hosp, or Inst. indicat Rm. Inpatient (Specify)	te DOA, OP/Emer, SEX	
OPOCOCUS.	3b. Zephyr Cove	e 3c. 210	Sugarpine		3e.	4 Male	
DECEDENT	RACE—(e.g., White, Black, Ame Indian, etc.) (Specify)		Origin? Specify T yes 25 no II yes.	AGE—Last UNDER Birthday (Years) MOS •		AY DATE OF BIRTH (Mo., Day, Yr.)	
	5. White	6.	tano thour, otc.	7a. 63 7b.	7c.	8.November 2,1935	
IF DEATH	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT CO	UN- Decedent's Education. Sp	ecily highest MARRIED, NEV	VER MARRIED, VORCED	SURVIVING SPOUSE (If wife, give maiden name	
occurred in Institution	9a. Rhode Isla		10. 19	(Specify) 11. Man	cried	12 Helena Kaar	
SEE HANDBOOK REGARDING	SOCIAL SECURITY NUMBER USOAL OCCUPATION (Give kind of work bone buring most of kind of Business or Industry						
COMPLETION OF RESIDENCE ITEMS	13. 521		red Pilot	146.	Aviation In	ndustry	
1.	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATIO	N STRE	ET AND NUMBER	INSIDE CITY LIMITS	
→	15a. Nevada	15b. Douglas	15c. Zephyr Cov	7e 15d.	210 Sugarp:	ine (Specify Yes or No)	
	FATHER—NAME First	Middle			First	Middle Last	
PARENTS	16. Will	i am	West 17.	Ma	irv	O'Brien	
	INFORMANT-NAME (Type or I		MAILING ADDRESS		R.F.D. No., City or Town,	State, Zip)	
	18a. Helena Wes	t - Wife	18b. 210 Sus	garnine Circle	Zenhyr Co	ove, Nevada 89448	
	BURIAL, CREMATION, REMOV	AL, OTHER (Specify) CEMET	ERY OR CREMATORY—NAME	San Joaquin	LOCATION	City or Town State	
	19a. Removal Bu		ational Cometer	No.	19c. Guet	tine, California	
DISPOSITION	FUNERAL DIRECTOR—SIGNAT	TUNE FUNER	AL DIRECTOR NAME AND ADD	FRESS OF FACILITY Wal	ton's Chape	l of the Valley	
	20a. > // Mm	Dimar soo.	9 20c. 1281	North Roop S	t. Carson	City, Nevada 89706	
		wledge, dualh occurred at the time, gated.	are and place and			stigation, in my opinion death occurred he cause(s) and manner stated.	
	To the best of my kn due to the cause (s) see th		Well MA	(Signature and Title		ne cause(s) and manner stated.	
	DATE SIGNED (Mo	Day, Yr.7 HOUR OF	DEATH	DATE SIGNED (MI	o., Day, Yr.) F	OUR OF DEATH	
AFORES	5 21b. 3/3/	99 21c.	1630	22b.		22c.	
CERTIFIER	NAME OF ATTENDIN	NG PHYSICIAN IF OTHER THAN CER		PRONOUNCED DE	EAD (Mo., Day, Yr.) F	PRONOUNCED DEAD (Hour)	
	그님 21d.	/ /		22d. ON	2	22e. AT	
	NAME AND ADDRES	SS OF CERTIFIER (PHYSICIAN, ATTE	ENDING PHYSICIAN, MEDICAL EX			LICENSE NUMBER	
	23a. Dr. J,	Kelly, 550 W. V	Vashington St.,	Carson City,	Nevada 897	03 236. 6376	
CONDITIONS	REGISTRAR	/ "	DATE RECEIV	ED BY REGISTRAR (Mo., Day,	Yr.) DEATH DUE TO CO	DMMUNICABLE DISEASE	
CONDITIONS IF ANY WHICH GAVE	24a. (Signature)	a A Kreham	24b. Ma	SK4. 1999	24c. YES	ио[X	
RISE TO IMMEDIATE CAUSE	25. IMMEDIATE CAUSE	NTER ONLY ONE SAUSE PER LINE	FOR (a), (b), AND (c).)	,		Interval between onset and death	
STATING THE UNDERLYING CAUSE LAST	PART (a) ALL	er thill	inc	/		1 m ion The	
CAUSE LAST	DUE TO, OR AS	A CONSEQUENCE OF:		7		Interval between onset and death	
ايحيا) (b)						
	DUE TO, OR AS	A CONSEQUENCE OF:		/		• Interval between onset and death	
CAUSE OF	(c)					:	
DEATH PART CTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify WAS CASE REFERRED TO YES OF NO) CORONER (Specify Yes or No)							
	"				26. No	^{27.} Yes	
	ACC. EUICIDE, HOM., UNDET., OR PENDING INVEST.	DATE OF INJURY (Mo., Day, Yr.) HO	OUR OF INJURY DESCRI	BE HOW INJURY OCCURRED			
\	(Specify)	28b. 28	c. M 28d,				
\ \	Secury Yes or No)	PLACE OF INJURY—At home, farr building, etc. (\$	n, street, factory, office LOCATIO	ON. STREET OR F	I.F.D. No. CIT	Y OR TOWN STATE	
\.\{	е.	281	280				

STATE REGISTRAR

No. 145163 John Sylva

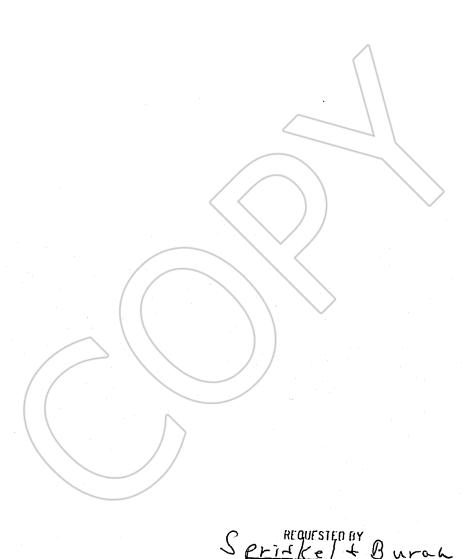
This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: MAR 0 4 1999

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State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT



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