

AFFIDAVIT FOR TERMINATION OF JOINT TENANCY

STATE OF NEVADA)
): ss.
CARSON CITY)

JENNIFER L. ROSS, being first duly sworn, deposes and says:

1. That Affiant is the surviving spouse of CHARLES T. ROSS who died on the 22nd day of October, 1998, in Carson City, Nevada, and that a certified copy of the Death Certificate is attached hereto.

2. That at the date of his death, the said CHARLES T. ROSS was an owner in joint tenancy with the Affiant of certain real property located in Douglas County, Nevada, particularly described as follows:

Lot 42, of Alpine View Estates No. 2, according to the map thereof filed in the office of the County Recorder of Douglas County, Nevada, recorded on November 1, 1972, as File No. 62567.

APN # 15-080-01

3. That said joint tenancy was created by a Deed dated February 6, 1997, recorded on February 11, 1997, as Document Number 0406462, Book 0297, Page 1342 in the Douglas County Recorder's Office.

4. That upon the death of the said CHARLES T. ROSS, the Affiant became the sole owner of the above-described property as her sole and separate property.

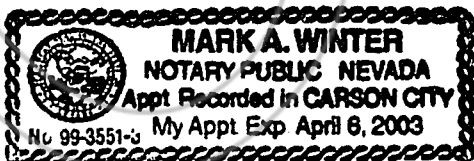
Jennifer L. Ross

JENNIFER L. ROSS

SUBSCRIBED and SWORN to before me
this 30th day of June, 1999.

M. A. Winter

NOTARY PUBLIC



Recorded at the request of:

✓ Mark A. Winter
801 N. Division
Carson City, NV 89703

Mail Tax Statements To:
JENNIFER L. ROSS
3489 Zurich Ct.
Carson City, NV 89705

0471499

BK0699PG6385

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	
TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
	1. Charles T ROSS		2. October 22, 1998	
DECEDENT	CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
	3b. Carson City		3a. Carson	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
	3c. Carson Tahoe Hospital		3e. Emergency Room	
PARENTS	RACE—(e.g., White, Black, American Indian, etc.) (Specify)		SEX	
	5. White		4. Male	
DISPOSITION	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		DATE OF BIRTH (Mo., Day, Yr.)	
	6. No		8. January 18, 1951	
CERTIFIER	AGE—Last Birthday (Years)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
	7a. 47		11. Married	
CAUSE OF DEATH	CITIZEN OF WHAT COUNTRY		SURVIVING SPOUSE (If wife, give maiden name)	
	9b. U.S.A		12. Jennifer Henry	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	Decedent's Education. Specify highest grade completed.		KIND OF BUSINESS OR INDUSTRY	
	10. 20		14b. Private Practice	
STATE REGISTRAR	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
	13. ██████████ 8806		14a. General Physician	
CAUSE OF DEATH	RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
	15a. Nevada		15c. Carson City	
CAUSE OF DEATH	COUNTY		STREET AND NUMBER	
	15b. Carson		15d. 3489 Zurich Ct.	
CAUSE OF DEATH	INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME First Middle Last	
	15e. Yes		16. Silas E. Ross	
CAUSE OF DEATH	MOTHER—MAIDEN NAME First Middle Last		INFORMANT—NAME (Type or Print)	
	17. Elizabeth Osborn		18a. Jennifer Ross	
CAUSE OF DEATH	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		CEMETERY OR CREMATORY—NAME	
	18b. 3489 Zurich Court, Carson City, Nevada 89705		19b. Lone Mountain Cemetery	
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		LOCATION City or Town State	
	19a. Burial		19c. Carson City, Nevada	
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		NAME AND ADDRESS OF FACILITY	
	20a. <i>[Signature]</i>		20c. 2155 Kietzke Lane, Reno, Nevada 89502	
CAUSE OF DEATH	FUNERAL DIRECTOR LICENSE NUMBER		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—	
	20b. 511		22a. <i>[Signature]</i>	
CAUSE OF DEATH	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		DATE SIGNED (Mo., Day, Yr.)	
	21a. <i>[Signature]</i>		22b. 10-22-98	
CAUSE OF DEATH	HOUR OF DEATH		PRONOUNCED DEAD (Mo., Day, Yr.)	
	21c. <i>[Blank]</i>		22c. 0525	
CAUSE OF DEATH	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Hour)	
	21d. <i>[Blank]</i>		22d. ON 10-22-98	
CAUSE OF DEATH	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
	23a. Eric Cantlin, Carson City Deputy Coroner, 901 East Musser		23b. 20-6	
CAUSE OF DEATH	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
	24a. <i>[Signature]</i>		24b. October 26, 1998	
CAUSE OF DEATH	DEATH DUE TO COMMUNICABLE DISEASE		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)	
	24c. YES <input type="checkbox"/> NO <input type="checkbox"/>		PART I (a) ASCVD	
CAUSE OF DEATH	Interval between onset and death		DUE TO, OR AS A CONSEQUENCE OF:	
	:		(b)	
CAUSE OF DEATH	Interval between onset and death		DUE TO, OR AS A CONSEQUENCE OF:	
	:		(c)	
CAUSE OF DEATH	Interval between onset and death		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.	
	:		PART II	
CAUSE OF DEATH	AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
	26. Yes		27. Yes	
CAUSE OF DEATH	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
	28a. <i>[Blank]</i>		28b. <i>[Blank]</i>	
CAUSE OF DEATH	HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
	28c. <i>[Blank]</i>		28d. <i>[Blank]</i>	
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
	28e. <i>[Blank]</i>		28f. <i>[Blank]</i>	
CAUSE OF DEATH	LOCATION		STREET OR R.F.D. No.	
	28g. <i>[Blank]</i>		28h. <i>[Blank]</i>	
CAUSE OF DEATH	CITY OR TOWN		STATE	
	28i. <i>[Blank]</i>		28j. <i>[Blank]</i>	



STATE REGISTRAR

No. 135143

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

[Signature]
State Registrar

Date Issued: OCT 26 1998 0471499

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY
Mark A Winter
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'99 JUN 30 P2:27

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LINDA SLATER
RECORDER
\$ 9.00 PAID to DEPUTY