

Recording Requested by: Rowe & Hales, LLP
James R. Hales, Esq.
P.O. Box 2080
Minden, NV 89423

When recorded return to: ✓ Rowe & Hales, LLP
Attn: James R. Hales, Esq.
P.O. Box 2080
Minden, NV 89423

AFFIDAVIT TERMINATING RIGHT OF SURVIVORSHIP INTEREST

COMES NOW, BARBARA E. AYLESWORTH, an unmarried woman, being first duly sworn on oath, and deposes and says:

My mother was Mary E. Allred. Mary E. Allred and I were joint tenants on the property more fully described below.

By deed, dated May 19, 1998, recorded in Book 0598, Page 6343, Document No. 0440908, in the County Recorder's Office for the County of Douglas, State of Nevada, myself and Mary E. Allred took title to certain property as joint tenants.

The property is more fully described as:

Being a portion of the Southeast 1/4 of the Southwest 1/4 of Section 6, Township 14 North, Range 20 East, M.D.B.&M., further described as follows:

All of Parcel B, as shown on Parcel Map for Edgar Clark and Davis S. Boyle, filed in the office of the County Recorder of Douglas County, Nevada, on February 7, 1977 in Book 277 of Official Records, at Page 297, under File No. 06737.

Assessors Parcel No. 13-102-12

Mary E. Allred died on January 23, 1999. A true and correct certified copy of her Certificate of Death is attached hereto as exhibit 1.

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Upon the death of Mary E. Allred, all of her interest in the above described property vested in me.

Dated this 30 day of August, 1999.

Barbara Aylesworth
BARBARA AYLESWORTH

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

Sandy Dombrowski
NOTARY PUBLIC



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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. Mary Emily ALLRED		2. January 23, 1999	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	
3b. Carson City		3c. Carson Tahoe Hospital	
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	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. Missouri		9b. U.S.A.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
13. 8218		14a. Homemaker	
RESIDENCE—STATE COUNTY		CITY, TOWN, OR LOCATION	
15a. Nevada Douglas		15c. Indian Hills	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. John Hall MacDonald		17. Bertha Ella Ray	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Barbara Aylesworth		18b. 3640 Shawnee Drive, Carson City, Nevada 89705	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Removal Burial		19b. Inglewood Park Cemetery	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. <i>Jimmy Bumgarner</i>		20b. 9	
NAME AND ADDRESS OF FACILITY		LOCATION City or Town State	
20c. 1281 North Roop St., Carson City, Nevada 89706		20d. Walton's Chapel of the Valley	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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.	
21b. 1/25/99		21c. 1555	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. PRONOUNCED DEAD (Mo., Day, Yr.)	
21e. Dr. J. Basa		22c. 22c.	
21f. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		22d. ON	
23a. Dr. J. Basa, 805 North Division St., Carson City, NV 89703		22e. AT	
23b. 8079		22f. 22f.	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. <i>John M. Douglas</i>		24b. January 25, 1999	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		DEATH DUE TO COMMUNICABLE DISEASE	
PART I (a) PNEUMONIA		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(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 I.		AUTOPSY (Specify Yes or No)	
26. No		27. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a. 28a.		28b. 28b.	
INJURY AT WORK (Specify Yes or No)		HOUR OF INJURY	
28c. 28c.		28d. 28d.	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		DESCRIBE HOW INJURY OCCURRED	
28e. 28e.		28f. 28f.	
LOCATION.		STREET OR R.F.D. No.	
28g. 28g.		CITY OR TOWN STATE	



STATE REGISTRAR

No. 139757

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

Date Issued: **JAN 25 1999**

Syonna Sylva
State Registrar

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WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 0899766010 (BK 899 PG 6010)

REQUESTED BY
Rove & Hales
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

1999 AUG 31 PM 4: 01

LINDA SLATER
RECORDER

\$ 10.00 PAID AV DEPUTY

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