

Affidavit-Termination of Joint Tenancy
(Death of a Joint Tenant)

I, HAZEL M. WESTERMEYER, the Affiant,
being of legal age, and being first duly sworn, deposes and says:

That WILLIAM EDWARD WESTERMEYER SR., the decedent
(Deceased Name as shown on Death Certificate)

mentioned in the attached certified copy Certificate of Death, is the same person as _____

WILLIAM E. WESTERMEYER,
(Deceased Name as shown on Deed)

named as one of the parties in that certain GRANT, BARGAIN, SALE DEED,
(Type of Document)

dated on the 28 day of JULY, 19 86, and executed by _____

WILLIAM R. KEUPER AND SUSAN M. KEUPER, known as "Grantor(s)"

to WILLIAM E. WESTERMEYER AND HAZEL M. WESTERMEYER, known

as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 142136, on the

3 day of OCTOBER, 19 86, in book 1086 PG. 368, of Official

Records of DOUGLAS County, Nevada, covering the following described property situated in the City of

GARDNERVILLE, County of DOUGLAS, State of Nevada.

(Set forth legal description and commonly known street address, if known)

*Lot 683, as shown on the map of GARDNERVILLE
RANCHOS UNIT NO. 6, filed for record in the office
of the County Recorder of Douglas County, Nevada
on May 29, 1973, as File No 66512,
(Assessment Parcel no 29-263-23*

ASSESSOR'S PARCEL NO. (APN#) 1220-22-210-076

That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed the sum of \$ _____

In Witness Whereof, I/We have hereunto set my hand/our hands this 21st day of DEC., 19 99

Hazel M. Westermeyer
(Signature)

(Signature)

HAZEL M. WESTERMEYER
(Print or type name here)

(Print or type name here)

STATE OF NEVADA }
COUNTY OF Douglas }

On this 21st day of December, 1999
personally appeared before me, a Notary Public

Hazel M. Westermeyer

personally known to me to be the person whose name(s) is subscribed to the above instrument who acknowledged that she executed the instrument.

Debra S. York
(Notary Public)



(Notary Stamp)

RECORDING REQUESTED BY AND MAIL TO
NAME HAZEL M. WESTERMEYER
ADDRESS 1454 ANGORA DR.
CITY/ST/ZIP GARDNERVILLE NV 89410

If applicable mail tax statements to

NAME
ADDRESS
CITY/ST/ZIP

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

0483098

BK 1299PG3971

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY

HEALTH DEPARTMENT

PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH 8 1999 09 000850

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) WILLIAM		2. MIDDLE EDWARD		3. LAST (FAMILY) WESTERMEYER Sr.			
4. DATE OF BIRTH M/M/DD/C CYY 04/05/1922		5. AGE YRS. 77		6. SEX M		7. DATE OF DEATH M/M/DD/C CYY 11/19/1999	
8. STATE OF BIRTH DC		9. SOCIAL SECURITY NO. 2041		10. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		11. MARITAL STATUS MARRIED	
12. EDUCATION—YEARS COMPLETED 9		13. RACE WHITE		14. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. USUAL EMPLOYER AMERICAN AUTOMOBILE ASSOCIATION	
16. OCCUPATION CARTOGRAPHER		17. KIND OF BUSINESS CARTOGRAPHY		18. YEARS IN OCCUPATION 25			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 1454 ANORA DR.							
21. CITY GARDNERVILLE		22. COUNTY DOUGLAS		23. ZIP CODE 89410		24. YRS IN COUNTY 23	
25. STATE OR FOREIGN COUNTRY NEVADA		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 1454 ANORA DR., GARDNERVILLE, NV 89410					
26. NAME, RELATIONSHIP HAZEL M. WESTERMEYER - WIFE		28. NAME OF SURVIVING SPOUSE—FIRST HAZEL		29. MIDDLE M.		30. LAST (MAIDEN NAME) FAVRE	
31. NAME OF FATHER—FIRST CARL		32. MIDDLE C.		33. LAST WESTERMEYER		34. BIRTH STATE MD	
35. NAME OF MOTHER—FIRST MARGARET		36. MIDDLE -		37. LAST (MAIDEN) WESTERMEYER		38. BIRTH STATE MD	
39. DATE M/M/DD/C CYY 11/23/1999		40. PLACE OF FINAL DISPOSITION HAZEL M. WESTERMEYER, 1454 ANORA DR., GARDNERVILLE, NV					
41. TYPE OF DISPOSITION(S) TR/CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR McFARLANE MORTUARY		45. LICENSE NO. FD-1180		46. SIGNATURE OF LOCAL REGISTRAR <i>Stephen G. Drogin</i>		47. DATE M/M/DD/C CYY 11/22/1999	
101. PLACE OF DEATH BARTON MEMORIAL HOSPITAL		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL <input type="checkbox"/> CONV. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER		104. COUNTY EL DORADO	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 4TH AND SOUTH AVE.		106. CITY SO. LAKE TAHOE		107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)			
IMMEDIATE CAUSE (A) RESPIRATORY FAILURE		108. TIME INTERVAL BETWEEN ONSET AND DEATH 10 days		109. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (B) CANDIDA PNEUMONIA AND SEPSIS		10 days		110. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C) NEUTROPENIA		10 days		111. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (D)				112. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 DIABETES; HYPERTENSION; RENAL INSUFFICIENCY; POSSIBLE BRAIN STEM CVA							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. ENDOTRACHEAL INTUBATION AND MECHANICAL VENTILATION 11/09/1999							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M/M/DD/C CYY 11/15/1999		115. SIGNATURE AND TITLE OF CERTIFIER <i>Stephen L. Perry</i>		116. LICENSE NO. 0067988		117. DATE M/M/DD/C CYY 11/19/1999	
118. ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP STEPHEN L. PERRY, MD, 2169 SOUTH AVE., SO. LAKE TAHOE, CA 96150		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/DD/C CYY		122. HOUR	
123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY):					
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED							
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP):							
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/DD/C CYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER STEPHEN G. DROGIN, M.D. COUNTY HEALTH OFFICER			
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # 4783		CENSUS TRACT	

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CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF EL DORADO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.

DATE ISSUED 12/02/1999

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

Stephen G. Drogin
STEPHEN G. DROGIN, M.D.
COUNTY HEALTH OFFICER



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

REQUESTED BY

Hazel Westermeyer

IN OFFICIAL RECORDS OF
DOWNTOWN MINNAPOLIS

1999 DEC 21 AM 11:39

LINDA SLATER
RECORDER

\$⁹⁰⁰ PAID BY DEPUTY

0483098

BK 1299PG3973