

AFFIDAVIT-TERMINATION OF JOINT TENANT

Death of a Joint Tenant

I, GLEN T. JAMESON, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That (Deceased Name as shown on Death Certificate) CAROLE RUTH JAMESON, the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as (Deceased Name as shown on Deed), CAROLE RUTH JAMESON, named as one of the parties in that certain (type of document) GRANT BARGAIN AND SALE DEED, dated on the 25th day of JUNE 1999, ~~20~~, and executed by NORMAN SCHIARIZZI AND SIEGLINDE SCHIARIZZI, known as Grantor(s), to GLEN T. JAMESON AND CAROLE RUTH JAMESON, husband and wife, known as Grantees, as joint tenants, and recorded as instrument number 471829, on the 2nd day of JULY, 1999, ~~20~~, in Book 799 PAGE 565 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)

SEE EXHIBIT A ATTACHED HERETO

In Witness Whereof, I/We have hereunto set my/our hand(s) this 14th day of MARCH, 2001

Glen T. Jameson
Signature
GLEN T. JAMESON
Print or Type Name Here

Signature

Print or Type Name Here

STATE OF NEVADA)
)
COUNTY OF DOUGLAS)
On this 14th day of March, 2001
personally appeared before me, a Notary Public
GLEN T. JAMESON

RECORDING REQUESTED BY AND MAIL TO
 Name: GLEN T. JAMESON
Address: 1369 DRESSLERVILLE ROAD
City/State/Zip: GARDNERVILLE, NV 89410
IF APPLICABLE MAIL TAX STATEMENTS TO
Name: SAME AS ABOVE
Address:
City/State/Zip:

personally known to me to be the person(s) whose name(s) is subscribed to the above instrument who acknowledged that he executed this instrument. Witness my hand and official seal

Judith L. Perez
Notary Public
Notary Public - State of Nevada
Appointment Recorded in Douglas County
No: 99-10586-5 - Expires November 21, 2003

0510412
BK 0301 PG 3390

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3200001004317

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Carole		2. MIDDLE Ruth		3. LAST (FAMILY) Jameson			
4. DATE OF BIRTH M/M/DD/C.C.Y.Y 09/03/1935		5. AGE YRS. 64		6. SEX F		7. DATE OF DEATH M/M/DD/C.C.Y.Y 06/20/2000	
9. STATE OF BIRTH Minnesota		10. SOCIAL SECURITY NO. 1610		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS Married	
14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Livermore Valley School Dist.			
17. OCCUPATION Accounting Administrator		18. KIND OF BUSINESS Education		19. YEARS IN OCCUPATION 15			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 1369 Dresslerville Road							
21. CITY Gardnerville		22. COUNTY Douglas		23. ZIP CODE 89410		24. YRS IN COUNTY 5	
25. STATE OR FOREIGN COUNTRY Nevada							
26. NAME, RELATIONSHIP Glen T. Jameson - Husband				27. MAILING ADDRESS: (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 1369 Dresslerville Road, Gardnerville, NV 89410			
28. NAME OF SURVIVING SPOUSE—FIRST Glen		29. MIDDLE Thomas		30. LAST (MAIDEN NAME) Jameson			
31. NAME OF FATHER—FIRST David		32. MIDDLE George		33. LAST Abress		34. BIRTH STATE Minnesota	
35. NAME OF MOTHER—FIRST Ruth		36. MIDDLE Rose		37. LAST (MAIDEN) Riker		38. BIRTH STATE Russia	
39. DATE M/M/DD/C.C.Y.Y 06/27/2000		40. PLACE OF FINAL DISPOSITION Memory Gardens Cemetery, Livermore, California 94550					
41. TYPE OF DISPOSITION(S) Burial		42. SIGNATURE OF EMBALMER <i>[Signature]</i>				43. LICENSE NO. 8508	
44. NAME OF FUNERAL DIRECTOR Callaghan Mortuary		45. LICENSE NO. FD 416		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>		47. DATE M/M/DD/C.C.Y.Y 06/22/2000	
101. PLACE OF DEATH Residence (Son's)		102. IF HOSPITAL, SPECIFY ONE: <input 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"/> HOSP. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER		104. COUNTY Alameda	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 1202 Shamrock Way		106. CITY Livermore					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)						TIME INTERVAL BETWEEN ONSET AND DEATH 10 Mos	
IMMEDIATE CAUSE (A) Metastatic Bladder Carcinoma						108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (B)						109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (C)						110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)						111. 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 No							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. Partial Cystectomy 09/24/1999							
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.C.Y.Y. DECEDENT LAST SEEN ALIVE M/M/DD/C.C.Y.Y.		115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		116. LICENSE NO. G17444		117. DATE M/M/DD/C.C.Y.Y 06/21/2000	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP 12/14/1999 06/15/2000		Peter Wong MD 5720 Stoneridge # 310, Pleasanton, CA 94588					
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		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE M/M/DD/C.C.Y.Y		122. HOUR 123. PLACE OF INJURY	
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)							
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER				127. DATE M/M/DD/C.C.Y.Y		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A		B		C	
D		E		F		G	
H		FAX AUTH. # 95023		CENSUS TRACT			

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }
COUNTY OF ALAMEDA } SS

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED: 06/27/2000

[Signature]
HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying date and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

A parcel of land located within a portion of the Southeast one-quarter (Southeast 1/4) of Section 9, Township 12 North, Range 20 East, M.D.B.&M., Douglas County, Nevada described as follows:

Commencing at the Northeast corner of Lot 306, as shown on the official plat for GARDNERVILLE RANCHOS UNIT NO. 2, in Book 1 as Document No. 28377, THE POINT OF BEGINNING; thence South 00°00'30" West, 200.00 feet; thence North 89°47'02" West, 220.80 feet; thence North 00°12'58" East, 200.00 feet thence South 89°47'02" East, 220.07 feet to the POINT OF BEGINNING.

COPY

REQUESTED BY
Glen Jameson
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2001 MAR 14 PM 2: 11

LINDA SLATER
RECORDER

\$ 9.00 PAID KJ DEPUTY

0510412

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