

When Recorded Mail To:

Mr. Willard A. Shay
Post Office Box 611
Minden, Nevada 89423

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
 : ss
COUNTY OF DOUGLAS)

WILLARD ALBERT SHAY, also known as WILLARD A. SHAY, being first duly sworn, deposes and says:

That he is over the age of 21 years and competent to be a witness to the matters hereinafter set forth.

That the Affiant is the person named as WILLARD A. SHAY, one of the grantees of that certain Grant, Bargain and Sale Deed recorded in the Office of the County Recorder of Douglas County, State of Nevada, on the 18th day of July, 1983, in Book 783, Page 1359, Instrument Number 084299, wherein WILLARD A. SHAY and ETHELYN K. SHAY, husband and wife as joint tenants, were named as grantees to all that real property described as follows:

Lots 11 and 12, in Block D, as shown on the map of Town of Minden, filed in the Office of the County Recorder of Douglas County, Nevada, on July 2, 1906.

That ETHELYN K. SHAY was one of the grantees named in said Grant, Bargain and Sale Deed, and was the identical person named as ETHELYN K. SHAY, the decedent, in that Certificate of Death, a certified copy of which is annexed hereto as Exhibit "A" and made a part hereof, as if

set forth in full, verbatim.

That your Affiant is the surviving spouse of said decedent, and that said decedent died on the 22nd day of February, 2001.

That your Affiant makes this Affidavit under penalty of perjury in accordance with the laws of the State of Nevada.

Willard Albert Shay
WILLARD ALBERT SHAY

SUBSCRIBED AND SWORN to before me

this 17 day of July, 2001.

Teri Groves
Notary Public



COPIES

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

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

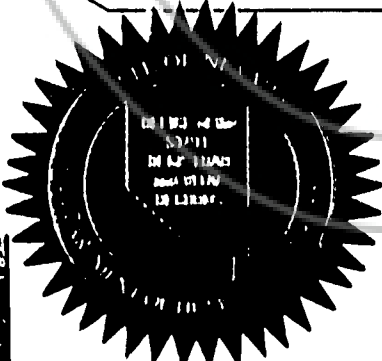
DISPOSITION

CERTIFIER

CONDITIONS WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
1. Ethelyn K. SHAY		2. February 22, 2001		3a. Carson City	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number)		If Hosp. or inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	SEX
3b. Carson City		3c. Carson Healthcare		3e. Inpatient	4. Female
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.		AGE—Last Birthday (Years)	DATE OF BIRTH (Mo., Day, Yr.)
5. White		6.		7a. 81	8. Nov. 23, 1919
UNDER 1 YEAR MOS : DAYS		UNDER 1 DAY HOURS : MINS		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
9a. Louisiana		9b. U.S.A.		10. 12	
CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		11. Willard A. Shay	
9a. Louisiana		9b. U.S.A.		10. 12	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
13. ██████████ 1625		14a. Office Manager		14b. Gaming	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
15a. Nevada		15b. Douglas	15c. Minden	15d. 1585 County Rd.	15e. Yes
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
16. John F. Kennedy			17. Emma F. Dowdy		
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
18a. Willard A. Shay			18b. P. O. Box 611, Minden, Nevada 89423-0611		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Cremation		19b. FitzHenry's Crematory		19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY		
20a. <i>[Signature]</i>		20b. 217	20c. Home, 1380 Hwy 395, Gardnerville, Nevada 89410		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>		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. (Signature and Title) <i>[Signature]</i>			
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)	
21b. 2-22-01		21c. 0650		22b. 22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
21d.		22d. ON		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER.) (Type or Print.)					LICENSE NUMBER
23a. B. Bottenberg, D.O., 1001 N. Mountain St., Carson City, Nevada					23b. D0674
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24a. <i>[Signature]</i>		24b. February 26, 2001		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) Acute cerebral vascular accident					
DUE TO, OR AS A CONSEQUENCE OF:					
(b)					
DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
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)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
25a. Pulmonary fibrosis				26. No	27. Yes
ACCIDENT, HOME, UNDET., OR FADING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
28a.	28b.	28c.	28d.		
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN STATE
28e.		28f.	28g.		



STATE REGISTRAR

No. 177634
EXHIBIT
"A"

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

Date issued: FEB 26 2001 0512539

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY
James O'Reilly
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

2001 APR 18 AM 10:36

LINDA SLATER
RECORDER

\$10⁰⁰ PAID K2 DEPUTY

0512539

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