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A.P.N. 1220-24-201-047

When Recorded Mail To:

Mrs. Ellen P. Caywood
1874 Arabian Lane
Gardnerville, Nevada 89410

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
 : ss
COUNTY OF DOUGLAS)

ELLEN P. CAYWOOD, being first duly sworn, deposes and says:

That she 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 ELLEN P. CAYWOOD, one of the grantees of that certain Corporation Grant Deed recorded in the Office of the County Recorder of Douglas County, Nevada, on the 15th day of September, 1995, in Book 0995, Page 2302, Instrument Number 370509, wherein THOMAS H. CAYWOOD and ELLEN P. CAYWOOD were named husband and wife as joint tenants, with right of survivorship, to all of that real property described as follows:

Parcel 2 of that certain Parcel Map for NEVADA JOHNSON, INC., recorded in the Office of the County Recorder of Douglas County, State of Nevada, on March 27, 1995, in Book 395, Page 4055, Document No. 358785, Official Records.

That THOMAS H. CAYWOOD was one of the grantees named in said Corporation Grant Deed and was the identical person named as THOMAS HALLECK CAYWOOD, the decedent, in that Certificate of Death, a certified copy of which is attached hereto as Exhibit "A" and made a part hereof, as if set forth in full, verbatim.

James M. O'Reilly, Attorney at Law
3321 North Buffalo Drive, Suite 200, Las Vegas, Nevada 89129 (702) 477-7517
✓ 1492 Highway 395, Suite 106, Gardnerville, Nevada 89410 (775) 782-3647

That your Affiant is the surviving spouse of said decedent, and that said decedent died on the 3rd day of March, 2001.

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

Dated this 23rd day of May, 2001.

Ellen P. Caywood
ELLEN P. CAYWOOD

SUBSCRIBED AND SWORN to before me this 23 day of May, 2001.

Teri Groves
Notary Public



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	1. DECEASED—NAME First Middle Last Thomas Halleck CAYWOOD		2. DATE OF DEATH (Month, Day, Year) March 3, 2001	
	3a. COUNTY OF DEATH Douglas		3b. SEX Male	
DECEDENT	3b. CITY, TOWN OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 1874 Arabian Lane	
	5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) Kansas		9b. CITIZEN OF WHAT COUNTRY U.S.A.	
	10. Decedent's Education. Specify highest grade completed. 18		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
PARENTS	13. SOCIAL SECURITY NUMBER 7985		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Engineer	
	14b. KIND OF BUSINESS OR INDUSTRY Aerospace		12. SURVIVING SPOUSE (If wife, give maiden name) Ellen Palmer	
DISPOSITION	15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas	
	15c. CITY, TOWN, OR LOCATION Gardnerville		15d. STREET AND NUMBER 1874 Arabian Ln.	
CERTIFIER	16. FATHER—NAME First Middle Last Bruce Caywood		17. MOTHER—MAIDEN NAME First Middle Last O. Kate Tubbs	
	18a. INFORMANT—NAME (Type or Print) Ellen P. Caywood		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1874 Arabian Lane, Gardnerville, NV. 89410	
CAUSE OF DEATH	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME FitzHenry's Crematory	
	19c. LOCATION City or Town State Carson City, Nevada		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home, 1380 Hwy 395, Gardnerville, Nevada 89410	
CAUSE OF DEATH	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 217	
	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> M.D.		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>	
CAUSE OF DEATH	21b. DATE SIGNED (Mo., Day, Yr.) 3/5/01		21c. HOUR OF DEATH 1130	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo., Day, Yr.)	
CAUSE OF DEATH	22c. HOUR OF DEATH		22d. ON	
	22e. AT		22f. PRONOUNCED DEAD (Mo., Day, Yr.)	
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Merritt Dunlap, M.D., 1200 Mountain St., Carson City, Nv.		23b. LICENSE NUMBER 8077	
	24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) March 6, 2001	
CAUSE OF DEATH	24c. DEATH DUE TO COMMUNICABLE DISEASE 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) Esophageal Squamous Cell Carcinoma - Metastatic DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
CAUSE OF DEATH	(b) Tobacco Abuse DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
	(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		Interval between onset and death	
CAUSE OF DEATH	26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
	28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)	
CAUSE OF DEATH	28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
	28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
CAUSE OF DEATH	28g. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE		28h. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	



STATE REGISTRAR

EXHIBIT No.177644
"A"

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

Date Issued: **0514643** **MAR 06 2001**

Yvonne Sylva
State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

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

2001 MAY 23 PM 2: 23

LINDA SLATER
RECORDER

\$10⁰⁰ PAID K2 DEPUTY

0514643

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