

A.P.N. 1320-33-810-045

When Recorded Mail To:

Mr. Edward A. Williams  
1320 East Marion Russell Drive  
Gardnerville, Nevada 89410

**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF NEVADA            )  
  : ss  
COUNTY OF DOUGLAS        )

EDWARD A. WILLIAMS, 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 EDWARD A. WILLIAMS, one of the grantees of that certain Corporation Grant Deed recorded in the Office of the County Recorder of Douglas County, State of Nevada, on the 11<sup>th</sup> day of January, 1996, in Book 0196, Page 2083, Instrument Number 378810, wherein EDWARD A. WILLIAMS and PAULA A. WILLIAMS were named as husband and wife as joint tenants with right of survivorship to all of that real property described as follows:

Lot 98, Block H as set forth on Final Subdivision Map FSM-1006 of Chichester Estates Phase 1, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on September 12, 1995, in Book 995 at Page 1407, as Document No. 370215.

That PAULA A. WILLIAMS was one of the grantees named in said Corporation Grant Deed, and was the identical person named as PAULA ANNE WILLIAMS, the decedent, in that Certificate

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

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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.

That your Affiant is the surviving spouse of said decedent, and that said decedent died on the 6<sup>th</sup> day of May, 2001.

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

Dated this 7<sup>TH</sup> day of AUGUST, 2001.

Edward A. Williams  
EDWARD A. WILLIAMS

SUBSCRIBED AND SWORN to before

me this 7 day of August, 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		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
1. Paula Anne WILLIAMS		2. May 6, 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-Tahoe-Hospital		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. 67	8. Sept. 27, 1933
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)
9a. Massachusetts		9b. U.S.A.	10. 14 years	11. Married	12. Edward A. Williams
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
13. ██████████-8617		14a. Homemaker		14b. Own Home	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
15a. Nevada		15b. Douglas	15c. Gardnerville	15d. 1320 East Russell	15e. Yes
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
16. Charles Paul Thuot			17. Donalda Asslin		
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
18a. Edward A. Williams			18b. 1320 East Marion Russell Drive, Gardnerville, Nv. 89410		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Cremation		19b. Walton's Sierra Crematory		19c. Carson City, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY		
20a.		20b. 9	20c. 1478 Fourth Street, Minden, Nv. 89423		
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.			
(Signature and Title)		(Signature and Title)			
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH			
21b. 5/8/01		21c. 1102			
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. Todd Pitts, M.D., 1000 N. Division St., Suite 200, Carson City, Nevada				23b. 8280	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE		
24a.		24b. May 9, 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) <u>Metastatic Breast Cancer</u>				Interval between onset and death: <u>months</u>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death:	
(b)				Interval between onset and death:	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death:	
(c)				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)	WAS CASE REFERRED TO CORONER (Specify Yes or No)		
		26. No	27. Yes		
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	
28a.		28b.	28c. M	28d.	
INJURY BY 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
		28f.		28g.	

No. 181850

STATE REGISTRAR

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

Date Issued: 0520236

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 AUG -8 PM 2: 51

LINDA SLATER  
RECORDER

\$10<sup>00</sup> PAID kg DEPUTY

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