A.P.N. 1219-14-002-016

When Recorded Mail To:

Mrs. Dorothy L. Brown Stapp Post Office Box 1005 Minden, Nevada 89423

## AFFIDAVIT TERMINATING JOINT TENANCY INTEREST IN PROMISSORY NOTE SECURED BY DEED OF TRUST

STATE OF NEVADA		
	: ss	
COUNTY OF DOUGLAS	)	

DOROTHY L. STAPP, 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 DOROTHY L. STAPP, one of the promisees of that certain promissory note dated June 17, 1996, secured by a beneficial interest under that certain deed of trust recorded in the Office of the County Recorder of Douglas County, Nevada, on July 12, 1996, as Instrument Number 391931, wherein DONALD L. ROOKER and TONI M. ROOKER, husband and wife as joint tenants ("trustor"), promise to pay to CARL E. STAPP and DOROTHY L. STAPP, husband and wife as joint tenants ("beneficiary"), the sum of sixty-three thousand nine hundred dollars (\$63,900) with interest from June 12, 2000, on unpaid principal at the rate of ten and one-half percent (10.5%) per annum. Such promissory note and deed of trust were recorded against that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as:

The south half of Section 14, Township 12 North, Range 19 East, M.D.B.&M., described as follows:

Parcel 2-C as shown on THE PARCEL MAP FOR DON AND TONI ROOKER, recorded in the Office of the County Recorder of Douglas County, State of Nevada, on February 6, 1989, in Book 289, Page 605, as Document No. 195861.

That CARL E. STAPP was one of the promisees and beneficiaries named in said promissory note and deed of trust and was the identical person named as CARL EARNEST STAPP, 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.

That your Affiant is the surviving spouse of said decedent, and that said decedent died on the 7<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 24 day of Qua

2001.

DOROTHY L. STAPP

SUBSCRIBED AND SWORN to before

me this 24 day of Cuaus

TERI GROVES Notary Public - State of Nevada pointment Recorded in County of Douglas D My Appointment Expires Jan. 20, 2002

## **DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS**

Altered

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

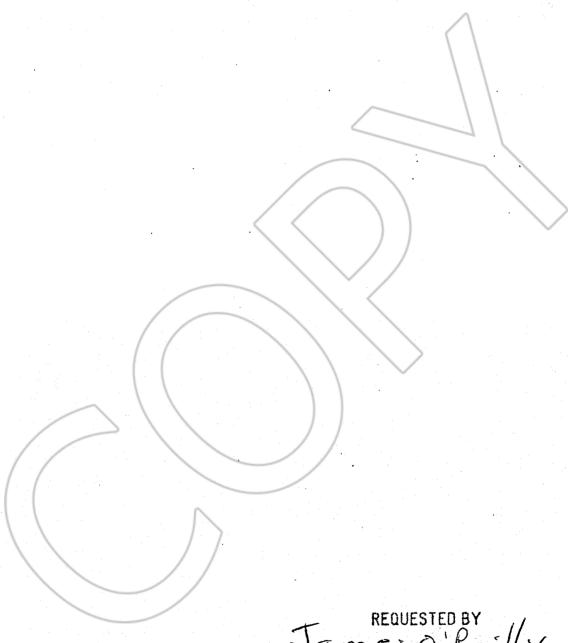
CERTIFICATE OF DEATH

2001 0 0 0 5 9 3 9

LOCAL FILE NUMBER			DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER  COUNTY OF DEATH
DECEASED—NAME First	Middle	Last		3a Carson Cit
1. Carl	Ernest	STAPP		The State of the S
CITY, TOWN OR LOCATION OF DEA		R INSTITUTION—Name (If not either, gi	Rm. Inpatient (Specify)	이 보고 하고 있는 목사이 가는 것으로 다니다.
3b. Carson City	3c. Carson-	Tahoe Hospital	3e. Inpatier  Last UNDER 1 YEAR UNDER 1 DA	Y DATE OF BIRTH (Mo., Day, Yr.)
RACE—(e.g., White, Black, American Indian, etc.) (Specify)  5. White	6.	o Rican, etc. Birtho 7a.	72 7b. DAYS HOURS MI	8. May 14, 1928
STATE OF BIRTH	CITIZEN OF WHAT COUNTRY  9b U.S.A.	J- Decedent's Education. Specify high grade completed.	WIDOWED, DIVORCED (Specify) Married	<sub>12</sub> Dorothy Bailey
9a. Missouri SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Gi	ive Kind of Work Done During Most of	KIND OF BUSINESS OR INDUSTRY	
/ 383	Working Life, Even if Retire	տt Manager	14b. Escrow	
10.	OUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER 1765 Shamrock	Cir (Specify Yes or No)
15a. Nevada	<sub>5b.</sub> Douglas	15c. Minden	15d.	ise. 1es
FATHER—NAME First	Middle	Last MOTHER—	MAIDEN NAME First	Middle Last Pogue
<sub>16.</sub> William		Stapp 17.	Ophia (Street or R.F.D. No., City or Town,	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS	x 1005, Minden, Nevad	
18a. Dorothy Stap		X   L X X X I C X X X L X X X X X X X X X X X X X X X	X 1005, MINDEN, Nevau	City or Town State
BURIAL, CREMATION, REMOVAL, C		RY OR CREMATORY—NAME	수 없었다. 그리고 그리는	son City, Nevada
<sub>19a.</sub> Cremation	19b.	FitzHenry's Crema	tory 196. Car	neral Home
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERA	E NUMBER	Edmonds Dr., Carson C	ity. NV. 89701
20a. American A-	PUT A		22a. On the basis of examination and/or inv at the time, date and place and due to	estigation, in my opinion death occurre
To the best of my knowle due to the cause(s) state	dge death accurred a the time, da		at the time, date and place and due to	the cause(s) and manner stated.
OTHE SEGNED (Mo., Day of the Cause(s) states	WO ROUR OF		TO DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
DATE SIGNED (Mo., Day		1715	□ ∞ □ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	22c.
82 21b. <b>5/0/</b>	21c. PHYSICIAN IF OTHER THAN CER		PRONOUNCED DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)
NAME OF ATTENDING	PHISICIAN II OTTEN		22d. ON	22e. AT
Ö 21d.	OF CERTIFIER (PHYSICIAN, ATTE	ENDING PHYSICIAN, MEDICAL EXAMIN	ER, OR CORONER). (Type or Print.)	LICENSE NUMBER
Carl F	Juneau M.D.	412 W. John St.,	Carson City, Nevada	23b. 849L
23a. CATI E.	ouncau, iii.	DATE RECEIVED E	BY REGISTRAR (Mo., Day, Yr.) DEATH DUE TO	COMMUNICABLE DISEASE
	1. (Va)b)	24b. May	9.20/ 24c. YES□	NO [3]
24a. (Signature) 25. IMMEDIATE CAUSE (ENT	ER ONLY ONE CAUSE PER LINE	FOR (a), (b), AND (c).)	1 1	Interval between onset and d
Candy	ac arrest	malighan	r on hylmma	Interval between onset and d
PART (a) DUE TO, OR AS A	CONSEQUENCE OF:	STATE AND TO		Interval between onset and o
(b) D11 ad	es Cordi	omyopalby,	1910601NIC	Interval between onset and d
DUE TO, OR AS A	CONSEQUENCE OF:	The state of the s		INCIAGI PCIACCI OLOGI BILA
(c)			erwing cause given in Part 1. AUTOPSY (S	Specify   WAS CASE REFERRED TO
PART OTHER SIGNIFICANT (	CONDITIONS Conditions contribu	ting to death but not resulting in the under	Yes	or No) CORONER (Specify Yes or No) 27. No
		Torocourt	HOW INJURY OCCURRED	140
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.	DATE OF INJURY (Mo., Day, Yr.)		HOM IMPORT COCCURED	
(Specify) 28a.	200.	28c. M 28d.	STREET OR R.F.D. No.	CITY OR TOWN STATE
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, fa building, etc.	(Specify)		
(	001	28g.		
28e.	281.		"0000F 0/00/01	. 400070
28e Informat	ion corrected, Carl Earnest	State Affidavit	#38035 <b>,</b> 8/23/01.	No. 183679

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

Date Issued:



REQUESTED BY

IN OFFICIAL RECORDS OF

DOUGLAS CO., NEVADA

2001 AUG 28 AM 10: 31

LINDA SLATER RECORDER

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