

AFFIDAVIT-TERMINATION OF JOINT TENANT

Death of a Joint Tenant

I, Charles A. Perkins, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That (Deceased Name as shown on Death Certificate) Sandra Jean Perkins, the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as (Deceased Name as shown on Deed), Sandra J. Perkins, named as one of the parties in that certain (type of document) Grant, Bargain, Sale Deed, dated on the 28th day of August, 201986, and executed by Ben F. Wofford, known as Grantor(s), to Charles A. Perkins and Sandra J. Perkins, known as Grantees, as joint tenants, and recorded as instrument number 140003, on the 28th day of August, 201986 in Book 886 page 3697 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) Lot 76, as shown on the map of Gardnerville Ranchos Unit No. 6, filed for record in the Office of the County Recorder of Douglas County, Nevada on May 29, 1973 as File No. 66512 - 791 Bluerock Road

In Witness Whereof, I/We have hereunto set my/our hand(s) this 4th day of December, 2001

Charles A. Perkins
Signature
Charles A. Perkins
Print or Type Name Here

Signature

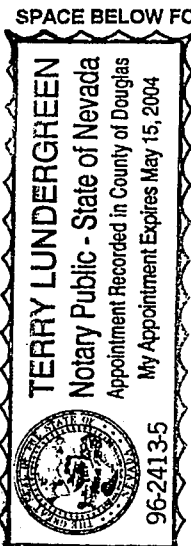
Print or Type Name Here

STATE OF NEVADA)
COUNTY OF Douglas)
On this 4th day of December, 2001
personally appeared before me, a Notary Public
Charles A. Perkins

RECORDING REQUESTED BY AND MAIL TO
 Name: Charles A. Perkins
Address: 791 Bluerock Road
City/State/Zip: Gardnerville, NV 89410
IF APPLICABLE MAIL TAX STATEMENTS TO
Name: Charles A. Perkins
Address: 791 Bluerock Road
City/State/Zip: Gardnerville, NV 89410

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

Terry Lundergreen
Notary Public
(Notary Stamp)



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	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER		
	1.	Sandra Jean PERKINS			2. May 30, 1999	3a. Douglas		
DECEDENT	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. Gardnerville		3c. 791 Bluerock Road		3e.	4. Female		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)	
	5. White	6.		7a. 55	7b. :	7c. :	8. Sept. 13, 1943	
PARENTS	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. California	9b. U.S.A.	10. 14 1/2 Years		11. Married	12. Charles A. Perkins, III		
DISPOSITION	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY			
	13. ██████████ 5651		14a. Homemaker		14b. Own Home			
CERTIFIER	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
	15a. Nevada	15b. Douglas	15c. Gardnerville		15d. 791 Bluerock Rd.		15e. Yes	
CAUSE OF DEATH	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last				
	16. Ralph Van Winkle			17. Lola Fisher				
CAUSE OF DEATH	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)				
	18a. Charles A. Perkins, III			18b. 791 Bluerock Road, Gardnerville, Nevada 89410				
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
	19a. Burial		19b. Mottsville Cemetery		19c. Mottsville, Nevada			
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY				
	20a. <i>James Mc...</i>		20b. 217	20c. Home, 1380 Hwy 395, Gardnerville, Nevada 89410				
CAUSE OF DEATH	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)			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)				
	DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH
CAUSE OF DEATH	21b.			21c.		22b. July 27, 1999		22c. 0453
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			21d.		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)
CAUSE OF DEATH	21d.					22d. ON May 30, 1999		22e. AT 0453
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)						LICENSE NUMBER	
CAUSE OF DEATH	23a. T. Mezzetta, Deputy Coroner, P.O. Box 218, Minden, Nv. 89423						23b. 154	
	REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE				
CAUSE OF DEATH	24a. (Signature) <i>Christine Karp</i>	24b. 7-27-99		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)							
CAUSE OF DEATH	PART I (a) Acute Bronchopneumonia							Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF:							Interval between onset and death
CAUSE OF DEATH	(b) Pulmonary Edema							Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF:							Interval between onset and death
CAUSE OF 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)
CAUSE OF DEATH	26. Yes						27. Yes	
	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED				
CAUSE OF DEATH	28a.	28b.	28c. M	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
CAUSE OF DEATH	28e.		28f.		28g.			

STATE REGISTRAR

No. 150662

Gyonne Sylva

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

Date Issued: JUL 30 1999

0529248 State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK1201PG0923

COPY

REQUESTED BY

Charles Perkins

IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

2001 DEC -4 PM 12: 04

LINDA SLATER
RECORDER

\$ 16⁰⁰ PAID KA DEPUTY

0529248

BK 1201 PG 0924