

When recorded, return to:  
Crowell, Susich, Owen  
& Tackes, Ltd.  
510 W. Fourth Street  
Carson City, NV 89703

Grantee: William H. Robison, Jr.  
1264 Kingsbury Grade  
Gardnerville, NV 89410

APN #1420-18-214-106

**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF NEVADA )

: ss.

CARSON CITY )

WILLIAM H. ROBISON, JR., being first duly sworn, upon oath and under penalty of perjury,  
deposes and says as follows:

1. That I am over the age of twenty-one (21) years of age and competent to testify to the matters hereinafter stated.
2. That PHYLLIS MARIE ROBISON was my wife and died on August 15, 2001.
3. That the real property described herein is real property situate in the State of Nevada, County of Douglas, and more particularly described as follows:

Lot 74, in Block E, as shown on the Official Map of SILVERADO HEIGHTS SUBDIVISION, filed for record in the Office of the Douglas County Recorder of Douglas County, Nevada, on September 18, 1978, in Book 978, Page 1176, as Document No. 25326 and Certificate of Amendment of the final plat of said subdivision, recorded August 23, 1979, in Book 879 of Official Records, at Page 1725 as Document No. 35885, and Certificate of Amendment of the final plat of said subdivision recorded October 12, 1979, in Book 1079, at Page 1039, as Document No. 37638, Official Records, Douglas County, Nevada

Per NRS 111.312, this legal description was previously recorded as Document 155125, Book 587, Page 2063, on May 21, 1987.

4. That PHYLLIS MARIE ROBISON was one of the parties in that certain Grant Deed dated May 19, 1987, executed by William H. Robison, Jr., and Phyllis M. Robison, as joint tenants with right of survivorship, recorded as Document No. 155125, on May 21, 1987, in Book 587, Page

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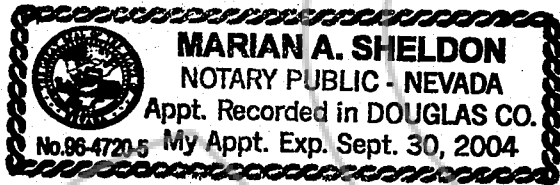
2063, of the Official Records of Douglas County, Nevada, and was the identical person named as PHYLLIS MARIE ROBISON, the decedent, in that certain death certificate, a certified copy of which is attached hereto and made a part hereof by this reference thereto.


5. That PHYLLIS MARIE ROBISON should be removed as a joint tenant owner of said property as she is deceased.

  
WILLIAM H. ROBISON, JR.

STATE OF NEVADA    )  
                              :SS  
CARSON CITY        )

Signed or sworn to before me on the 19<sup>th</sup> day of February, 2002, by WILLIAM H. ROBISON, JR.



  
NOTARY PUBLIC        (SEAL)

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**SACRAMENTO COUNTY**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

3200134006303

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) <b>Phyllis</b>		2. MIDDLE <b>Marie</b>		3. LAST (FAMILY) <b>ROBISON</b>			
4. DATE OF BIRTH M/M/DD/CCYY <b>08/03/1953</b>		5. AGE YRS. <b>48</b>		6. SEX <b>F</b>		7. DATE OF DEATH M/M/DD/CCYY <b>08/15/2001</b>	
8. HOUR <b>1435</b>		9. STATE OF BIRTH <b>NY</b>		10. SOCIAL SECURITY NO. <b>8569</b>		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS <b>Married</b>		13. EDUCATION—YEARS COMPLETED <b>18</b>				14. RACE <b>Caucasian</b>	
15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER <b>Douglas County Schools</b>				17. OCCUPATION <b>Kindergarden Teacher</b>	
18. KIND OF BUSINESS <b>Education</b>		19. YEARS IN OCCUPATION <b>26</b>				20. RESIDENCE—(STREET AND NUMBER OR LOCATION) <b>1264 Kingsbury Grade</b>	
21. CITY <b>Gardnerville</b>		22. COUNTY <b>Douglas</b>		23. ZIP CODE <b>89410</b>		24. YRS. IN COUNTY <b>26</b>	
25. STATE OR FOREIGN COUNTRY <b>NV</b>		26. NAME, RELATIONSHIP <b>William Robison, Jr.: Husband</b>					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>1264 Kingsbury Grade, Gardnerville, NV 89410</b>						28. NAME OF SURVIVING SPOUSE—FIRST <b>William</b>	
29. MIDDLE <b>H.</b>		30. LAST (MAIDEN NAME) <b>Robison, Jr.</b>				31. NAME OF FATHER—FIRST <b>John</b>	
32. MIDDLE <b>Alfred</b>		33. LAST <b>Bailey</b>		34. BIRTH STATE <b>USA-UNK</b>			
35. NAME OF MOTHER—FIRST <b>Mary</b>		36. MIDDLE <b>Quigley</b>		37. LAST (MAIDEN) <b>Quigley</b>			
38. BIRTH STATE <b>USA-UNK</b>		39. DATE M/M/DD/CCYY <b>08/20/2001</b>		40. PLACE OF FINAL DISPOSITION <b>Mountain View Cemetery, 435 Stoker Ave. Reno, NV 89503</b>			
41. TYPE OF DISPOSITION(S) <b>TR/BU</b>		42. SIGNATURE OF EMBALMER <b>Not Embalmed</b>				43. LICENSE NO. <b>-</b>	
44. NAME OF FUNERAL DIRECTOR <b>Chapel of the Valley</b>		45. LICENSE NO. <b>FD-1671</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>Sherrah J. Truchet, M.D.</i>		47. DATE M/M/DD/CCYY <b>08/17/2001</b>	
48. CCH <b>CCH</b>		101. PLACE OF DEATH <b>UCD Medical Center</b>					
102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input checked="" type="checkbox"/> OTHER		104. COUNTY <b>Sacramento</b>			
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>2315 Stockton Boulevard</b>		106. CITY <b>Sacramento</b>					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) <b>(A) Cardiac Failure</b>		TIME INTERVAL BETWEEN ONSET AND DEATH <b>4 WKS</b>		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER			
109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH: BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>None</b>		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>Right Radical Pneumonectomy 07/19/2001</b>					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE M/M/DD/CCYY <b>07/19/2001</b>		115. SIGNATURE AND TITLE OF CERTIFIER <i>Mark W. Huang</i>		116. LICENSE NO. <b>A74711</b>		117. DATE M/M/DD/CCYY <b>08/15/2001</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>2315 Stockton Boulevard Sacramento CA 95817</b>		119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/DD/CCYY	
122. HOUR		123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		126. SIGNATURE OF CORONER OR DEPUTY CORONER					
127. DATE M/M/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER				129. FAX AUTH. # <b>0773</b>	

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STATE REGISTRAR } **CERTIFIED COPY OF VITAL RECORDS** } SS  
STATE OF CALIFORNIA }  
COUNTY OF SACRAMENTO }

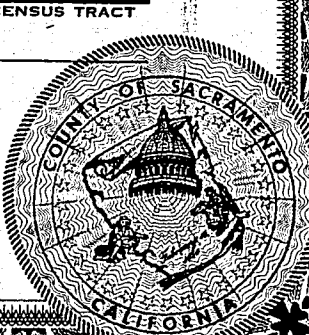
This is a true and exact reproduction of the document officially registered and placed on file with SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES.

DATE ISSUED: **September 6, 2001**

*Sherrah J. Truchet M.D.*  
LOCAL REGISTRAR

This copy not valid unless prepared on engraved border displaying date and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



COPY

REQUESTED BY  
William Robison Jr  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2002 FEB 19 PM 4:48

LINDA SLATER  
RECORDER

\$17<sup>00</sup> PAID KJ DEPUTY

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