

P.N.# 1220-04-513-005
ESCROW NO. 020800042

RECORDING REQUESTED BY:
STEWART TITLE COMPANY
WHEN RECORDED MAIL TO:

Mr. Coleman
PO 1332
Minden NV 89423

AFFIDAVIT TERMINATION OF LIFE ESTATE INTEREST

STATE OF NEVADA }
COUNTY OF Douglas } ss.

Michael Rogers Coleman, of legal age, being first duly sworn, deposes and says:
That Ruthanna Coleman, the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as Ruthanna Coleman
named as one of the parties in that certain Quit Claim Deed dated 2/26/87
executed by Ruthanna Coleman
to Ruthanna Coleman
as joint tenants, recorded as Instrument No. 150635, on 2/26/87
in Book 287, Page 2615, of Official Records of Douglas
County, Nevada, covering the following described property situated in the Gardnerville
County, State of Nevada: Re-recorded 2/27/87, book 287, page 2946, doc. 150780

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

Michael Rogers Coleman
MICHAEL ROGERS COLEMAN

DATE: **February 14, 2002**



STATE OF Nevada }
COUNTY OF Douglas } ss.

This instrument was acknowledged before me on 2/2/02
by, Michael Rogers Coleman

Signature Mary H. Kelsh
Notary Public

0536178

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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					
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH				
1. Ruthanna COLEMAN		2 January 12, 2002	3a. Douglas				
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. 1385 Waterloo Lane	3e.	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)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)		
5. White	6.	7a. 97	7b. :	7c. :	8. Oct. 24, 1904		
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. Iowa	9b. U.S.A.	10. 12 yrs.	11. Widowed	12.			
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY					
13. 1039	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. 1385 Waterloo Lane	15e. Yes			
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last					
16. Arthur Joseph Ingram		17. Grace Conklin					
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Michael R. Coleman		18b. 936 Riverview Drive, Gardnerville, Nv. 89410					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Burial		19b. Genoa Cemetery		19c. Genoa, Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY				
20a. <i>[Signature]</i>		20b. 9	20c. 1478 Fourth Street, Minden, Nevada				
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	
21b. JAN 14, 2002		21c. 1940		22b.		22c.	
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. K. White, M.D., 956 Bar-J Road, Gardnerville, Nv. 89410		23b. 6088					
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE					
24a. (Signature) <i>[Signature]</i>	24b. Jan 15, 2002	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death					
PART I (a)	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death				
(b) Congestive Heart Failure		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) - Atherosclerosis		DUE TO, OR AS A CONSEQUENCE OF:		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.	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		
28e.	28f.	28g.					

STATE REGISTRAR

No. 206983

SEAL

[Signature]

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

Date Issued: JAN 15 2002 0536178

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 020800042

Lot 112, CARSON VALLEY ESTATES SUBDIVISION, UNIT NO. 5, filed for record in the office of the County Recorder of Douglas County, Nevada, on August 11, 1972, as Document No. 61096.

Assessor's Parcel No. 1220-04-513-005

COPY

**REQUESTED BY
Stewart Title of Douglas County**

**IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA**

2002 MAR -4 PM 3: 35

**LINDA SLATER
RECORDER**

s/ ^{CO}lb PAID *KJ* DEPUTY

0536178

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