

**AFFIDAVIT  
TO TERMINATE COMMUNITY PROPERTY INTEREST OF DECEASED SPOUSE**

(the "Affiant"), being first duly sworn upon oath, deposes and says under penalty of perjury:

1. Affiant is and has been for some time a resident of Douglas County, Nevada.
2. Affiant is the surviving spouse and the surviving community property tenant of RALPH HARRELL, deceased (the "Decedent"). An original copy of the State of *Nevada* Certificate of Death of *Ralph Harrell* is attached hereto, and by reference made a part hereof.
3. Decedent and Affiant are the owners of and hold title or the interest therein as community property with right of survivorship in the real property situate, lying and being in the City of Gardnerville, County of Douglas, State of Nevada and more particularly described as follows:

All that real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 321, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the Office of the County Recorder of Douglas County, Nevada, on March 27, 1974, in Book 374, Page 676, as File No. 72456.

4. The community property interest in the real property described above was acquired by Affiant and Decedent through the GRANT BARGAIN SALE DEED dated SEPTEMBER 21, 1989 by and between MIKE HICKEY CONSTRUCTION, INC., A NEVADA CORPORATION conveying to RALPH HARRELL AND FRANCES HARRELL husband and wife as community property with full right of survivorship and not as tenants in common nor as joint tenants, the survivor of them, his or her heirs, and assigns, forever, and recorded on SEPTEMBER 21, 1989, as File No. 211406, in Book 989, at Page 2852 of Official Records of Douglas County, Nevada.
5. The property described herein was held in the names of RALPH HARRELL and FRANCES HARRELL, husband and wife as community property with right of survivorship, on *2-28-1998*, the date the said RALPH HARRELL, died in *Carson City* County, State of *Nevada*.
6. This Affidavit is made pursuant to the provisions of N.R.S. 40.525, subsection 5, and N.R.S. 111.365 for the purpose of terminating all community property right or interest of RALPH HARRELL, deceased, in and to the property hereinabove described and for the further purpose of establishing that the title thereto is now vested solely in the surviving spouse, to wit: FRANCES HARRELL.

Dated: MARCH 11, 2002

STATE OF NEVADA  
COUNTY OF DOUGLAS

*Frances Harrell*  
S. FRANCES HARRELL Surviving Spouse

This instrument was acknowledged before me on  
MARCH *13*, 2002  
by FRANCES HARRELL



*Carol Costa*  
Notary Public

(This area for official notarial seal)

Escrow No. 00085980-CAC

Loan No.621418227

SPACE BELOW THIS LINE FOR RECORDER'S USE

RECORDING REQUESTED BY  
Western Title Company, Inc.  
AND WHEN RECORDED MAIL TO

Name: FRANCES HARRELL  
Street Address: *1565 Virginia Ranch Rd #111*  
City, State, Zip: *Gardnerville Nev 89414*

0536957

# 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

98 002707

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME First Middle Last **Ralph HARRELL** 2. DATE OF DEATH (Month, Day, Year) **February 28, 1998** 3a. COUNTY OF DEATH **Carson City**

CITY, TOWN OR LOCATION OF DEATH **Carson City** 3b. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) **Carson-Tahoe Hospital** If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) **Inpatient /** 4. SEX **Male**

5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) **White** Was Decedent of Hispanic Origin? Specify  yes  no if yes, specify Mexican, Cuban, Puerto Rican, etc. 6. AGE—Last Birthday (Years) **75** 7a. UNDER 1 YEAR MOS : DAYS 7b. UNDER 1 DAY HOURS : MINS 7c. DATE OF BIRTH (Mo., Day, Yr.) **January 22, 1923**

8. STATE OF BIRTH (If not U.S.A., name country) **Indiana** 9a. CITIZEN OF WHAT COUNTRY **U.S.A.** 9b. Decedent's Education. Specify highest grade completed. **14** 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 11. SURVIVING SPOUSE (If wife, give maiden name) **Frances Voorhees** 12.

13. SOCIAL SECURITY NUMBER **9565** 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) **Engineer** 14b. KIND OF BUSINESS OR INDUSTRY **Automobile**

15a. RESIDENCE—STATE **Nevada** 15b. COUNTY **Douglas** 15c. CITY, TOWN, OR LOCATION **Gardnerville** 15d. STREET AND NUMBER **1325 Victoria Dr.** 15e. INSIDE CITY LIMITS (Specify Yes or No) **Yes**

16. FATHER—NAME First Middle Last **Jesse J. Harrell** 17. MOTHER—MAIDEN NAME First Middle Last **Lucille Stahl**

18a. INFORMANT—NAME (Type or Print) **Frances M. Harrell** 18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) **1325 Vistoria Dr., Gardnerville, Nevada 89401**

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) **Cremation** 19b. CEMETERY OR CREMATORY—NAME **FitzHenry's Crematory** 19c. LOCATION City or Town State **Carson City, Nevada**

20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) *[Signature]* 20b. FUNERAL DIRECTOR LICENSE NUMBER **217** 20c. NAME AND ADDRESS OF FACILITY **FitzHenry's Carson Valley Funeral Home, 1555 Hwy 395, Minden, Nevada 89423 48**

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) *[Signature]* MD 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]*

21b. DATE SIGNED (Mo., Day, Yr.) **3/2/98** 21c. HOUR OF DEATH **1017** 22b. DATE SIGNED (Mo., Day, Yr.) 22c. HOUR OF DEATH

21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 22d. ON 22e. AT

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) **John P. Kelly, MD, 550 W. Washington, Carson City, Nevada** 23b. LICENSE NUMBER **6376**

24a. REGISTRAR (Signature) *[Signature]* 24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) **March 3, 1998** 24c. DEATH DUE TO COMMUNICABLE DISEASE YES  NO

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) **Pneumococcal Pneumonia** Interval between onset and death **2 weeks**

(b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death

(c) 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. 26. AUTOPSY (Specify Yes or No) **No** 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) **No**

28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28b. DATE OF INJURY (Mo., Day, Yr.) 28c. HOUR OF INJURY M 28d. DESCRIBE HOW INJURY OCCURRED

28e. INJURY AT WORK (Specify Yes or No) 28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28g. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE

STATE REGISTRAR

No. 125859

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

Date Issued: **MAR 12 2002 0536957**

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 0302 PG 04 878

COPY

REQUESTED BY  
**WESTERN TITLE COMPANY, INC.**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2002 MAR 14 PM 12: 54

LINDA SLATER  
RECORDER

\$ 16<sup>00</sup> PAID Kg DEPUTY

0536957

BK 0302 PG 04879