

16
A.P.N. 1320-29-213-035

✓ When Recorded Return and Mail Tax Statements To:

Cynthia M. Sawyer
1735 Bougainvillea Drive
Minden, NV 89423

AFFIDAVIT OF TERMINATION OF JOINT TENANT

STATE OF NEVADA)
)§
COUNTY OF DOUGLAS)

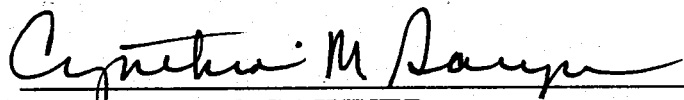
CYNTHIA M. SAWYER, of legal age, being duly sworn, deposes and says:

1. That ALLEN FRANKLIN SAWYER, the decedent mentioned in the attached certified copy of certificate of death, was, until his death, and is the same person as ALLEN FRANKLIN SAWYER, named as one of the parties in that certain deed by and between ALLEN FRANKLIN SAWYER and CYNTHIA M. SAWYER, his wife, as joint tenants, of official records of Douglas County, State of Nevada, document number 379407, Book 0196, Page 3521, concerning the real property situate in the County of Douglas, State of Nevada, described as follows:

LOT 36, IN BLOCK H, AS SHOWN ON THE OFFICIAL PLAT OF WINHAVEN UNIT NO. 2, PHASE A, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER ON SEPTEMBER 14, 1990, IN BOOK 990 OF OFFICIAL RECORDS, AT PAGE 1934. DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 234654

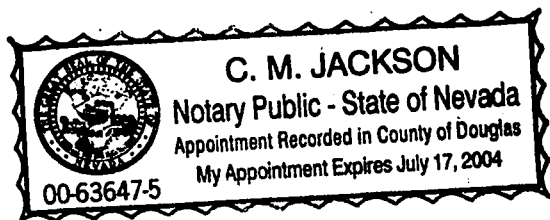
2. That this affidavit is executed and recorded for the purposes of terminating the interest of said ALLEN FRANKLIN SAWYER in and to the hereinabove-described real property.

Dated this 1 day of March, 2002.


CYNTHIA M. SAWYER

On this 1 day of March, 2002, personally appeared before me, a Notary Public, Cynthia M. Sawyer, personally known or proved to me to be the person whose name is subscribed to the above instrument and who acknowledged that she executed the above instrument.


NOTARY PUBLIC



0537359

BK0302PG06824

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 | | | STATE FILE NUMBER | | | | |
| | DECEASED—NAME First Middle Last | | | DATE OF DEATH (Month, Day, Year) | | | | |
| DECEDENT | 1. Allen Franklin SAWYER | | | 2. November 19, 2001 | | | | |
| | CITY, TOWN OR LOCATION OF DEATH | | | COUNTY OF DEATH | | | | |
| 3b. Minden | | | 3c. 1735 Bougainvillea Dr. | | | 4. Male | | |
| 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) | | |
| 5. White | | | 8. February 17, 1936 | | | DATE OF BIRTH (Mo., Day, Yr.) | | |
| STATE OF BIRTH (If not U.S.A., name country) | | | CITIZEN OF WHAT COUNTRY | | | Decedent's Education. Specify highest grade completed. | | |
| 9a. Virginia | | | 9b. U.S.A. | | | 10. 16 Years | | |
| SOCIAL SECURITY NUMBER | | | USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) | | | KIND OF BUSINESS OR INDUSTRY | | |
| 13. 0975 | | | 14a. Business Manager | | | 14b. High School | | |
| RESIDENCE—STATE | | | COUNTY | | | CITY, TOWN, OR LOCATION | | |
| 15a. Nevada | | | 15b. Douglas | | | 15c. Minden | | |
| FATHER—NAME First Middle Last | | | MOTHER—MAIDEN NAME First Middle Last | | | STREET AND NUMBER | | |
| 16. Clarence Sawyer | | | 17. Mary Walters | | | 1735 | | |
| INFORMANT—NAME (Type or Print) | | | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) | | | INSIDE CITY LIMITS (Specify Yes or No) | | |
| 18a. Cynthia Sawyer - Wife | | | 18b. 1735 Bougainvillea Dr. Minden, Nevada 89423 | | | 15e. Yes | | |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) | | | CEMETERY OR CREMATORY—NAME | | | LOCATION City or Town State | | |
| 19a. Cremation | | | 19b. FitzHenry's Crematory | | | 19c. Carson City, Nevada | | |
| FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) | | | FUNERAL DIRECTOR LICENSE NUMBER | | | NAME AND ADDRESS OF FACILITY | | |
| 20a. <i>[Signature]</i> | | | 20b. 217 | | | 20c. Home, 1380 Hwy 395 Gardnerville, Nv 89410 | | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. | | | 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 and Title) | | | | | |
| DATE SIGNED (Mo., Day, Yr.) | | | HOUR OF DEATH | | | DATE SIGNED (Mo., Day, Yr.) | | |
| 21b. 11/20/01 | | | 21c. 1700 | | | 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. Stephen L. Perry M.D., 1107 Hwy 395 Gardnerville, Nv 89410 | | | 23b. 6526 | | | | | |
| REGISTRAR | | | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) | | | DEATH DUE TO COMMUNICABLE DISEASE | | |
| 24a. (Signature) <i>[Signature]</i> | | | 24b. 11-21-2001 | | | 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) | | | | | | | | |
| PART I (a) Progressive hepatic encephalopathy | | | | | | Interval between onset and death: 3 months | | |
| (b) End stage cirrhosis | | | | | | Interval between onset and death: 9-12 months | | |
| (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) | | |
| 25. anemia, esophageal reflux, hypertension | | | 26. No | | | 27. Yes | | |
| ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) | | | DATE OF INJURY (Mo., Day, Yr.) | | | HOUR OF INJURY | | |
| 28a. | | | 28b. | | | 28c. M | | |
| 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. 210596

[Signature]

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

NOV 21 2001

Date Issued:

0537359

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 0302 PG 06825

COPY

REQUESTED BY
Nancy Rex Jackson
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 MAR 19 PM 4:46

LINDA SLATER
RECORDER

\$16⁰⁰ PAID KJ DEPUTY

0537359

BK0302PG06826