

A.P.N. 0000-07-221-110

When Recorded Mail To:

Roger L. Hargis  
Post Office Box 11950  
Zephyr Cove, Nevada 89448

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA        )  
                                      : ss  
COUNTY OF DOUGLAS    )

ROGER L. HARGIS, being first duly sworn, deposes and says:

That he is over the age of 21 years and competent to be a witness to the matters hereinafter set forth.

That the Affiant is the person named as ROGER L. HARGIS, joint tenant, one of the grantees of that certain Individual Grant Deed recorded in the Office of the County Recorder of Douglas County, State of Nevada, on the 13<sup>th</sup> day of November, 1992, in Book 1192, Instrument Number 293081, wherein ROGER L. HARGIS and BONNIE A. HARGIS, husband and wife as joint tenants, were named as grantees to all that real property described as follows:

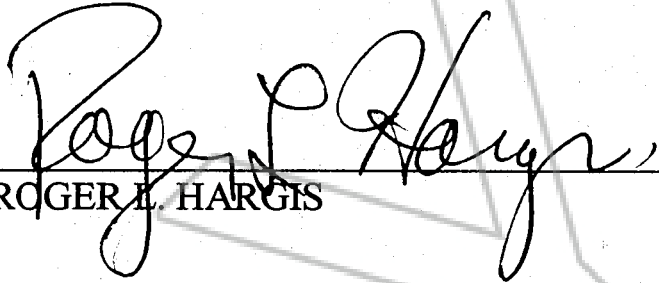
Lot 11, in Block G as shown on the Map of First Addition to Kingsbury Meadows filed in the Office of the County Recorder of Douglas County, State of Nevada on July 17, 1957, as Document No. 12441.

That BONNIE A. HARGIS was one of the grantees named in said Individual Grant Deed, and was the identical person named as BONNIE ANN HARGIS, the decedent, in that Certificate of Death, a certified copy of which is annexed hereto as Exhibit "A" and made a part hereof, as if set

forth in full, verbatim.

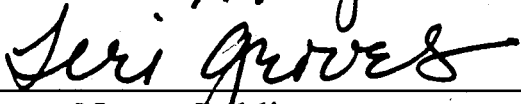
That your Affiant is the surviving spouse of said decedent, and that said decedent died on the 22<sup>nd</sup> day of December, 2001.

That your Affiant makes this Affidavit under penalty of perjury in accordance with the laws of the State of Nevada.

  
\_\_\_\_\_  
ROGER L. HARGIS

SUBSCRIBED AND SWORN to before me

this 10 day of May, 2002

  
\_\_\_\_\_  
Notary Public



Mail Tax Statements To:

Roger L. Hargis  
Post Office Box 11950  
Zephyr Cove, Nevada 89448

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

EL DORADO COUNTY

HEALTH DEPARTMENT

PLACERVILLE, CALIFORNIA

CERTIFICATE OF DEATH

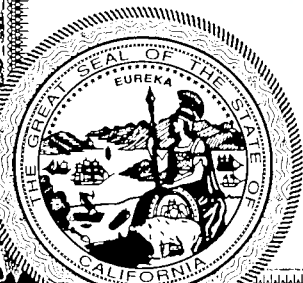
3 200109

STATE OF CALIFORNIA  
 USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS  
 VS-11 (REV. 1/00)

STATE FILE NUMBER LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT—FIRST (GIVEN) BONNIE		2. MIDDLE ANN		3. LAST (FAMILY) HARGIS			
4. DATE OF BIRTH M/M/DD/CCYY 03/18/1944		5. AGE YRS 57		6. SEX F		7. DATE OF DEATH M/M/DD/CCYY 12/22/2001	
8. HOUR 0015		9. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. -1481		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS MARRIED		13. EDUCATION—YEARS COMPLETED 14		14. RACE WHITE		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL EMPLOYER SELF EMPLOYED		17. OCCUPATION REAL ESTATE BROKER		18. KIND OF BUSINESS REAL ESTATE		19. YEARS IN OCCUPATION 15	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 174 PINE DR.							
21. CITY STATELINE		22. COUNTY DOUGLAS		23. ZIP CODE 89449		24. YRS IN COUNTY 21	
25. STATE OR FOREIGN COUNTRY NEVADA		26. NAME, RELATIONSHIP ROGER L. HARGIS - HUSBAND					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) P.O. BOX 11950, ZEPHYR COVE, NV 89448							
28. NAME OF SURVIVING SPOUSE—FIRST ROGER		29. MIDDLE L.		30. LAST (MAIDEN NAME) HARGIS			
31. NAME OF FATHER—FIRST ROGER		32. MIDDLE -		33. LAST WHITCOMB		34. BIRTH STATE UNK.	
35. NAME OF MOTHER—FIRST GLADYS		36. MIDDLE -		37. LAST (MAIDEN) MURPHY		38. BIRTH STATE CA	
39. DATE M/M/DD/CCYY 12/29/2001		40. PLACE OF FINAL DISPOSITION ROGER L. HARGIS, 174 PINE DR., STATELINE, NV					
41. TYPE OF DISPOSITION(S) TR/CR/RES		42. SIGNATURE OF EMBALMER NOT EMBALMED				43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR MCFARLANE MORTUARY		45. LICENSE NO. FD-1180		46. SIGNATURE OF LOCAL REGISTRAR <i>Stephen G. Drogina</i>		47. DATE M/M/DD/CCYY 12/26/2001	
101. PLACE OF DEATH BARTON MEMORIAL HOSPITAL		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. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER		104. COUNTY EL DORADO	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 4TH AND SOUTH AVE.		106. CITY SO. LAKE TAHOE					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORNER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER			
IMMEDIATE CAUSE (A) RESPIRATORY FAILURE		2 days					
DUE TO (B) EMPHYSEMA		years		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C)				110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (D)				111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 NONE							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. LUNG VOLUME REDUCTION --/--/1999							
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 12/20/2001		115. SIGNATURE AND TITLE OF CERTIFIER <i>Cynthia A. Point MD</i>		116. LICENSE NO. G058321		117. DATE M/M/DD/CCYY 12/26/2001	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CYNTHIA A. POINT, MD, 2209 SOUTH AVE., SO. LAKE TAHOE, CA 96150		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 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	
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # 3047		CENSUS TRACT	

BR 541904  
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CERTIFIED COPY OF VITAL RECORDS  
 STATE OF CALIFORNIA, COUNTY OF EL DORADO

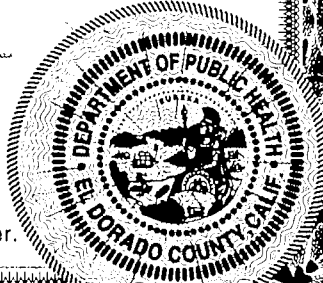
This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.

DATE ISSUED 01/03/2002

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

EXHIBIT "A"

*Stephen G. Drogina*  
 STEPHEN G. DROGIN, M.D.  
 COUNTY HEALTH OFFICER



COPY

REQUESTED BY  
*James O'Reilly*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2002 MAY 10 AM 10: 35

LINDA SLATER  
RECORDER

\$ 17.00 PAID Be DEPUTY

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