W

APN: 1419-110-020-17

## AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA )	
<b>: ss.</b>	
County of Carson )	
	\ \
	swear (or affirm) under penalty of perjury that the
assertions of this Affidavit are true. I am over	the age of 18 years and competent to be a witness
as to the matters hereinafter stated.	
I am the person named as HONORINA	RAMSDELL, joint tenant, one of the two joint
tenants on a certain Sale Deed recorded on	ov. 1, 1974, in the Office of the County
Recorder of Douglas County, State of Nevada	a, as Document No. 76207, wherein
	AMSDELL were named as joint tenants with the
	mon, to all that real property situate in the County
of Douglas, State of Nevada, more particularly of	
of Bouglas, State of Nevada, more particularly	iescribed as follows.
Lot 75, as shown on the map of ALPINE VIEW	ESTATES UNIT NO. 3, filed in the office of the
County Recorder of Douglas County, Nevada, o	
That JACK D. RAMSDELL is the ider	ntical person as decedent JACK D. RAMSDELL
named in that certain Certificate of Death, a cer	rtified copy of which is attached hereto and made
a part hereof, as if set forth in full, verbatim.	
I am the surviving wife of said deceden	t, JACK D. RAMSDELL, who died on the 25th
day of August, 2002.	
Dated this/3 day of September, 20	02.
	Honorma Jamskell
	HONORINA RAMSDELL
STATE OF NEVADA )	
: ss. County of Carson )	WHEN RECORDED MAIL TO &:
ounty or curson ,	MAIL TAX STATEMENTS TO:
This instrument was acknowledged before me	./
on the day September, 2002,	HONORINA RAMSDELL
by HONORINA RAMSDELL.	3403 ALPINE VIEW CT.
	CARSON CITY, NEVADA 89705
Larana Kelly	
Notary Public	DEANNA K. KELLY
0552926	NOTARY PUBLIC - NEVADA  Appt. Recorded in LYON CO.
	No.98-3324-12 My Appt. Exp. July 16, 2006

BK0902PG08200

## 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** 

DECEASEDA	CAL FILE NUMBER  VAME First		Middle		Last	DA	TE OF DEATH	(Month, Day, Year)		STATE FILE N	OF DEATH
	Jack		D	R	AMSDELL	살겠게 오면 나를		25, 2002			uglas
CITY, TOWN O	R LOCATION OF DEA	ATH	HOSPITAL OR OT	THER INSTITUTION-	-Name (If not eith	ner, give street a	and number)	If Hosp. or Inst. in Rm. Inpatient (Spe	dicate DO/ ecify)	A, OP/Emer.	SEX
3b. Carso			200 A	oline Vie				3e.			4. Ma.
. Whit		Was D specify 6.	ecedent of Hispanic Mexican, Cuban, Pi			AGE—Last Birthday (Years 7a. 82	7b.	DAYS HOURS 7c.	MINS	BJuly 1	
	ame country) tah	TR'	TIZEN OF WHAT CO Y U.S.A.	DUN- Decedent's grade comp	Education. Speci bleted. 19	· V	MARRIED, NEVI WIDOWED, DIV Specify)Mar 1.	ER MARRIED, ORCED ried		viving spouse ( lonorina	
SOCIAL SECUP		Wo	UAL OCCUPATION orking Life, Even if Ro	etired)		of		NESS OR INDUSTF	<b>?Y</b>		
13. RESIDENCE—S	9306	14a COUNTY	∝ Metallι		ngineer		14b. Me	tal		LINCIDE	OITVIII
			27		No. 1 No. 1				Cou	(Specii	Yes or N
15a. Nevac		5b. Dou	glas Middle	15c. Car Last	son City	Y ER— <i>MAIDEN N</i>		3403 Alpi	LIIE V		es Last
16,	Dewey			Ramsde	二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十						
	NAME (Type or Print)		AMAGA.	The same second	NG ADDRESS	9.75 35.35.35	Street or A	.F.D. No., City or To	own, State,	, Zip)	
	orina Rams			3 Test (Co. 1887)	A STATE OF THE PARTY OF THE PAR	ine Vie		t, Carsor			9705
1	ATION, REMOVAL, O		cify) CEME	TERY OR CREMATO	C. C. C. C. S. S. S. S. W. 1.	1750 ST NY 2980 X		LOCATION		or Town	State
19a. Cren	nation		19b.	Sierra C	rematory			19c. Reno	, Ne	vada	
FUNERAL DIRE	CTOR—SIGNATURE	$\overline{}$	The springer was a feet of the state of	and the second of the second	NAME AND ADDR		<sup>ITY</sup> Walt	on's Sier			
LOLI GIOUII MUIII	na as Such) 🤏	<b>3</b> . 13.1 (196) (196)		SE MINHEL	and the second of the second o		المارطوبا ووزر			~P	
20a. ➤	ng as Such)		20b.	1 Page 1 20 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20¢. 875 ₩	Secon	ampen 「「アモータンパナー」は45日間	Reno, Ne	evada	8950	3
20a. 🔪	ng as Such)	dge, death o	20b.	9 2	20¢. 875 W		d St.				
20a. ➤	ng as Such)	dge, death o	20b.	9 2	20c. 875 W	22a.	d St. On the basis of at the time, dat	examination and/or e and place and due			
20a. 🔪	ne best of my knowled to the cause(s) stated		20b.	date and place and	875 W	22a.	d St.	examination and/or e and place and due	investigati e to the ca		
20a. ➤	ne best of my knowled to the cause(s) sated nature and Title)		20b.	date and place and	20c 875 W	22a.	d St.  On the basis of at the time, dat the time, data	examination and/or e and place and due	investigati e to the ca	ion, in my opinionuse(s) and mann	
20a. ➤	ne best of my knowled to the cause(s) sated nature and Title)	(YE) J	20b. Courred at the time, HOUR OF	date and place and DEATH	TH)	Ag egy (Sign patel of the control of	d St. On the basis of at the time, dat nature and Title) E SIGNED (Mo.	examination and/or e and place and due	HOUR	ion, in my opinionuse(s) and mann	n death occurrence stated.
20a. Name of the control of the cont	ne best of my knowled to the cause(s) sated nature and Title)  E SIGNED (Mo., Day,	Yr.) DZ PHYSICIAN II	20b. Courred at the time, HOUR OF 21c. 02 FOTHER THAN CE	date and place and DEATH	rint)	22a.  A B S S S S S S S S S S S S S S S S S S	On the basis of at the time, dat the time, dat the time, dat the time and Title) E SIGNED (Mo.	e and place and due  Day, Yr.)  Day, Yr.)  AD (Mo., Day, Yr.)	HOUR	ion, in my opinion use(s) and mann OF DEATH	n death oc er stated.
20a. Name of the control of the cont	ne best of my knowled to the cause(s) sated nature and Title) E SIGNED (Mo., Day,	Yr.) DZ PHYSICIAN II	20b. Courred at the time, HOUR OF 21c. 02 FOTHER THAN CE	date and place and DEATH	rint)	22a.  A B S S S S S S S S S S S S S S S S S S	On the basis of at the time, dat the time, dat the time, dat the time and Title) E SIGNED (Mo.	e and place and due  Day, Yr.)  Day, Yr.)  AD (Mo., Day, Yr.)	HOUR 220.	ion, in my opinion use(s) and mann OF DEATH	n death occurrent stated.
20a. Name of the control of the cont	ne best of my knowled to the cause(s) sated nature and Title) E SIGNED (Mo., Day,	Yr.)  D  HYSICIAN II	20b. Courred at the time, HOUR OF 21c. 02 FOTHER THAN CE	date and place and DEATH	rint)  N, MEDICAL EXAL  ington,	22a.  A Sign (Sign PRO)  22d.  22d.  MINER, OR CO	d St. On the basis of at the time, dat the time, dat the time, dat the time and Title) E SIGNED (Mo. NOUNCED DE. ON RONER), (Types	e and place and due  Day, Yr.)  Day, Yr.)  Or Print.)  NV 89703	HOUR 22c. PRON 22e. A	OUNCED DEAD T LICENSE NL 23b. 239	n death occ er stated.  (Hour)  JMBER
20a. Date of the control of the cont	ne best of my knowled to the cause(s) sated nature and Title)  E SIGNED (Mo., Day,  S-29-29-29-29-29-29-29-29-29-29-29-29-29-	F CERTIFIER gett,	HOUR OF 21c. 02 FOTHER THAN CE R (PHYSICIAN, ATT	date and place and DEATH	rint)  N. MEDICAL EXAI  Ington,  DATE RECEIVE	22a.  A B S S S S S S S S S S S S S S S S S S	On the basis of at the time, dat the time, date to the time, date the tim	e and place and due  , Day, Yr.)  AD (Mo., Day, Yr.)  or Print.)  NV 89703  (r.) DEATH DUE TO	HOUR 22c. PRON 22e. A	OUNCED DEAD T LICENSE NL 23b. 239	n death occ er stated.  (Hour)  UMBER
20a. Name of the second of the	ne best of my knowled to the cause(s) sated nature and Title) E SIGNED (Mo., Day, S-2 DE OF ATTENDING PROPERTY OF THE AND ADDRESS OF Rex Bags	PHYSICIAN II F CERTIFIER gett,	HOUR OF 21c. 02 FOTHER THAN CE R (PHYSICIAN, ATT	9 2 date and place and DEATH  249 RTIFIER (Type or P. TENDING PHYSICIAL  D W. Wash	nnt)  N, MEDICAL EXAMINATION,  DATE RECEIVED  24b. All 26	22a.  A B S S S S S S S S S S S S S S S S S S	On the basis of at the time, dat the time, date to the time, date the tim	e and place and due  , Day, Yr.)  AD (Mo., Day, Yr.)  or Print.)  NV 89703  (r.) DEATH DUE TO	HOUR 22c. PRON 22e. A	ion, in my opiniouse(s) and mann OF DEATH OUNCED DEAD T LICENSE NL 23b. 239	n death occ er stated.  (Hour)  UMBER
20a. Date of the second of the	ne best of my knowled to the cause(s) sated nature and Title) E SIGNED (Mo., Day, S-2 DE OF ATTENDING PROPERTY OF THE AND ADDRESS OF Rex Bags	PHYSICIAN II F CERTIFIER gett,	HOUR OF 21c. 02 FOTHER THAN CE R (PHYSICIAN, ATT	9 2 date and place and DEATH  249 RTIFIER (Type or P. TENDING PHYSICIAL  D W. Wash	nnt)  N, MEDICAL EXAMINATION,  DATE RECEIVED  24b. All 26	22a.  A B S S S S S S S S S S S S S S S S S S	On the basis of at the time, dat the time, date to the time, date the tim	e and place and due  , Day, Yr.)  AD (Mo., Day, Yr.)  or Print.)  NV 89703  (r.) DEATH DUE TO	HOUR 22c. PRON 22e. A	ion, in my opiniouse(s) and mann OF DEATH OUNCED DEAD T LICENSE NL 23b. 239	n death ocher stated.  (Hour)  JMBER  S  S  S  S  S  S  S  S  S  S  S  S  S
20a. Part Calculation of the control	ne best of my knowled to the cause(s) sated to the cause (s) sated to the	PHYSICIAN II	HOUR OF 21c. 02 FOTHER THAN CE R (PHYSICIAN, ATT M.D. 710	9 2 date and place and DEATH  249 RTIFIER (Type or P. TENDING PHYSICIAL  D W. Wash	nnt)  N, MEDICAL EXAMINATION,  DATE RECEIVED  24b. All 26	22a.  A B S S S S S S S S S S S S S S S S S S	On the basis of at the time, dat the time, date to the time, date the tim	e and place and due  , Day, Yr.)  AD (Mo., Day, Yr.)  or Print.)  NV 89703  (r.) DEATH DUE TO	HOUR 22c. PRON 22e. A	ion, in my opinionuse(s) and mann OF DEATH OUNCED DEAD T LICENSE NL 23b. 239 UNICABLE DISEA	n death ocher stated.  (Hour)  JMBER  S  S  S  S  S  S  S  S  S  S  S  S  S
20a. Part Calculation of the control	ne best of my knowled to the cause(s) sated to the cause(s) sated that the cause (s) sated that	PHYSICIAN II F CERTIFIER gett,	HOUR OF 21c. 02 FOTHER THAN CE R (PHYSICIAN, ATT M.D. 710	9 2 date and place and DEATH  249 RTIFIER (Type or P. TENDING PHYSICIAL  D W. Wash	nnt)  N, MEDICAL EXAMINATION,  DATE RECEIVED  24b. All 26	22a.  A B S S S S S S S S S S S S S S S S S S	On the basis of at the time, dat the time, date to the time, date the tim	e and place and due  , Day, Yr.)  AD (Mo., Day, Yr.)  or Print.)  NV 89703  (r.) DEATH DUE TO	HOUR 22c. PRON 22e. A	ion, in my opinionuse(s) and mann OF DEATH OUNCED DEAD T LICENSE NL 23b. 239 UNICABLE DISEA	(Hour)  JMBER  SSE
20a. Page 21a. To the description of the control of	ne best of my knowled to the cause(s) sated to the cause(s) sated to the cause(s) sated to the cause(s) sated to the cause (s) sated to t	FONEYON	HOUR OF 21c. 02 FOTHER THAN CE  R (PHYSICIAN, ATT  M.D. 710  WE CAUSE PER LINI  CE OF	9 2 date and place and DEATH  249 RTIFIER (Type or P. TENDING PHYSICIAL  D W. Wash	nnt)  N, MEDICAL EXAMINATION,  DATE RECEIVED  24b. All 26	22a.  A B S S S S S S S S S S S S S S S S S S	On the basis of at the time, dat the time, date to the time, date the tim	e and place and due  , Day, Yr.)  AD (Mo., Day, Yr.)  or Print.)  NV 89703  (r.) DEATH DUE TO	HOUR 22c. PRON 22e. A	ion, in my opinionuse(s) and mann OF DEATH OUNCED DEAD ILICENSE NL 23b. 239 INICABLE DISEA	n death occer stated.  (Hour)  JMBER  ASE  n onset an
20a. Part Part Part Part Part Part Part Part	ne best of my knowled to the cause(s) sated to the cause(s) sated that the cause (s) sated that	FONEYON	HOUR OF 21c. 02 FOTHER THAN CE  R (PHYSICIAN, ATT  M.D. 710  WE CAUSE PER LINI  CE OF	9 2 date and place and DEATH  249 RTIFIER (Type or P. TENDING PHYSICIAL  D W. Wash	nnt)  N, MEDICAL EXAMINATION,  DATE RECEIVED  24b. All 26	22a.  A B S S S S S S S S S S S S S S S S S S	On the basis of at the time, dat the time, date to the time, date the tim	e and place and due  , Day, Yr.)  AD (Mo., Day, Yr.)  or Print.)  NV 89703  (r.) DEATH DUE TO	HOUR 22c. PRON 22e. A	ion, in my opinionuse(s) and mann OF DEATH OUNCED DEAD T LICENSE NL 23b. 239 INICABLE DISEA	(Hour)  JMBER  ASE  n onset an
20a. Page 21a. To the control of the	ne best of my knowled to the cause(s) sated to the cause(s) sated nature and Title)  E SIGNED (Mo., Day,  BE OF ATTENDING PROPERTY OF ATTENDING PROPERTY OF AS A COUNTY OF	F CERTIFIED  PROMETON  ONSEQUENT	HOUR OF 21c. 02 FOTHER THAN CE  R (PHYSICIAN, ATT  M.D. 710  VE CAUSE PER LINI  CE OF:	date and place and DEATH	rini)  N, MEDICAL EXAI  Ington,  DATE RECEIVER  24b. August  (G)  MARCHANICAL  August	22a. A good (Signature) A good production of the control of the co	On the basis of at the time, dat the time, date the time, d	e and place and due  Day, Yr.)  AD (Mo., Day, Yr.)  O O Print.)  NV 89703  (r.) DEATH DUE To 24c. YES	HOUR 22c. PRON 22e. A  NOX	ion, in my opinionuse(s) and mann  OF DEATH  OUNCED DEAD  ILICENSE NL 23b. 239  INICABLE DISEA  Interval betwee	(Hour)  (Hour)  MBER  DSE  n onset an
20a. Page 21a. To the control of the	ne best of my knowled to the cause(s) sated to the cause(s) sated to the cause(s) sated to the cause(s) sated to the cause (s) sated to t	F CERTIFIED  PROMETON  ONSEQUENT	HOUR OF 21c. 02 FOTHER THAN CE  R (PHYSICIAN, ATT  M.D. 710  VE CAUSE PER LINI  CE OF:	date and place and DEATH	rini)  N, MEDICAL EXAI  Ington,  DATE RECEIVER  24b. August  (G)  MARCHANICAL  August	22a. A good (Signature) A good production of the control of the co	On the basis of at the time, dat the time, date the time, d	e and place and due  , Day, Yr.)  AD (Mo., Day, Yr.)  OF Print.)  NV 89703  7.) DEATH DUE TO  24c. YES  AUTOPSY	HOUR 22c. PRONG 22e. A  O COMMU  NOX (Specify s or No)	ion, in my opinionuse(s) and mann  OF DEATH  OUNCED DEAD  T  LICENSE NL  23b. 239  INICABLE DISE/  Interval betwee  Interval betwee	(Hour)  (Hour)  JMBER  D 5  ASE  In onset an in onset an in onset an incompleted in onset an incomplet
20a. Part Othi	The best of my knowled to the cause(s) sated to the cause (s) sated to the	F CERTIFIED GETT,  PROMEYON  ONSEQUENT  ONSEQUENT	HOUR OF 21c. 02 FOTHER THAN CE R (PHYSICIAN, ATT M.D. 710 RECAUSE PER LINI CE OF: CE OF:	date and place and DEATH	rini)  N, MEDICAL EXAMINATION  INGTON  DATE RECEIVED  24b. August  (G)  resulting in the un	22a. A a graph (Sign DAT) A CO PRO 22b. A SO PRO 22d. MINER, OR CO Carson D BY REGISTR  A CO Carson D BY REGISTR	On the basis of at the time, dat the time, date the time, d	e and place and due  , Day, Yr.)  AD (Mo., Day, Yr.)  OF Print.)  NV 89703  7.) DEATH DUE TO  24c. YES  AUTOPSY	HOUR 22c. PRONG 22e. A  O COMMU  NOX (Specify s or No)	ion, in my opinionuse(s) and mann  OF DEATH  OUNCED DEAD  T  LICENSE NL  23b. 239  INICABLE DISEA  Interval betwee  Interval betwee	(Hour)  (Hour)  JMBER  5  ASE  n onset an n onset an
20a. Date of the part of the p	The best of my knowled to the cause(s) sated to the cause (s) sated to the	F CERTIFIED GETT,  PROMEYON  ONSEQUENT  ONSEQUENT	HOUR OF 21c. 02 FOTHER THAN CE R (PHYSICIAN, ATT M.D. 710 RECAUSE PER LINI CE OF: —Conditions contributed	date and place and DEATH	rini)  N, MEDICAL EXAMINATION  INGTON  DATE RECEIVED  24b. August  (G)  resulting in the un	22a. A good (Signature) A good production of the control of the co	On the basis of at the time, dat the time, date the time, d	e and place and due  Day, Yr.)  AD (Mo., Day, Yr.)  OF Print.)  NV 89703  T.)  DEATH DUE TO  24c. YES  AUTOPSY  Yes	HOUR 22c. PRONG 22e. A  O COMMU  NOX (Specify s or No)	ion, in my opinionuse(s) and mann  OF DEATH  OUNCED DEAD  T  LICENSE NL  23b. 239  INICABLE DISE/  Interval betwee  Interval betwee	(Hour)  (Hour)  JMBER  15  ASE  n onset and n onset an
20a. Part (a)  PART (b)  PART OTHI  ACC., SUICIDE, OR PENDING IN (Specify) 28a.	The best of my knowled to the cause(s) sated to the cause (s) sated to th	PONSEQUENT ON SEQUENT	HOUR OF 21c. 02 FOTHER THAN CE R (PHYSICIAN, ATT M.D. 710 RECAUSE PER LINI CE OF:  CE OF:	date and place and DEATH	rini)  N. MEDICAL EXAI  Ington,  DATE RECEIVER  (c)  (c)  (c)  Tesulting in the un  DESCRIBE  M. 28d.	22a. A graph (Sign DAT) Supply DAT) 22b. B 00 PRO 22d. WINER, OR CO Carson D BY REGISTR A CO Carson Carson D BY REGISTR CO CARSON CO CAR	On the basis of at the time, dat the time, date the time, da	e and place and due  , Day, Yr.)  AD (Mo., Day, Yr.)  O OF Print.)  NV 89703  (r.) DEATH DUE TO  24c. YES  AUTOPSY Yes  26. NO	HOUR 22c. PRONG 22e. A  O COMMU  NOX  (Specify s or No)	ion, in my opinionuse(s) and mann  OF DEATH  OUNCED DEAD  T  LICENSE NL 23b. 239  INICABLE DISE/ Interval betwee  Interval betwee  WAS CASE REI CORONER (Spe 27. Yes	(Hour)  (Hour)  JMBER  5  ASE  n onset an  n onset an
20a. Part (a)  PART (b)  C(c)  PART OTHI  ACC., SUICIDE, OOR PENDING IN (Specify)	The best of my knowled to the cause(s) sated to the cause(s) sated to the cause(s) sated to the cause(s) sated to the cause (s) sated to the cause (so the cause of the cause (s) sated to the cause of the cause (s) sated to the cause (s) sate	PONSEQUENT ON SEQUENT	HOUR OF 21c. 02 FOTHER THAN CE R (PHYSICIAN, ATT M.D. 710 RE CAUSE PER LINI CE OF: CE OF:	date and place and DEATH	rini)  N. MEDICAL EXAI  Ington,  DATE RECEIVER  (c)  (c)  (c)  Tesulting in the un  DESCRIBE  M. 28d.	22a. A graph (Sign DAT) Supply DAT) 22b. B 00 PRO 22d. WINER, OR CO Carson D BY REGISTR A CO Carson Carson D BY REGISTR CO CARSON CO CAR	On the basis of at the time, dat the time, date the time, d	e and place and due  , Day, Yr.)  AD (Mo., Day, Yr.)  O OF Print.)  NV 89703  (r.) DEATH DUE TO  24c. YES  AUTOPSY Yes  26. NO	HOUR 22c. PRONG 22e. A  O COMMU  NOX (Specify s or No)	ion, in my opinionuse(s) and mann  OF DEATH  OUNCED DEAD  T  LICENSE NL 23b. 239  INICABLE DISE/ Interval betwee  Interval betwee  WAS CASE REI CORONER (Spe 27. Yes	(Hour)  (Hour)  JMBER  5  ASE  n onset an n onset an



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

Date Issued: 0 5 5 2 9 2 6

AUG 3 0 2002

State Registrar



0552926 BK0902PG08202 LINDA SLATER
RECORDER

\$/6 PAID K & DEPUTY