

ASSESSORS PARCEL NUMBER (APN): 1420-34-710-046

# AFFIDAVIT-TERMINATION OF JOINT TENANT

## Death of a Joint Tenant

I, JEFFREY C. HARRY, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That (Deceased Name as shown on Death Certificate) MARLEEN K. HARRY, the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as (Deceased Name as shown on Deed), MARLEEN K. HARRY, named as one of the parties in that certain (type of document) Deed, dated on the 18th day of July, 1975, ~~XXXXX~~ and executed by ANDREW J. GOULART and EVELYN A. GOULART, husband and wife, known as Grantor(s), to JEFFREY C. HARRY and MARLEEN K. HARRY, husband and wife, known as Grantees, as joint tenants, and recorded as instrument number 82282, Book 875, Page 380, on the 7th day of August, 1975, ~~XXXXXXXXXX Book~~ of Official Records of DOUGLAS County, Nevada, covering the following described property situated in the City of \_\_\_\_\_, County of DOUGLAS, State

of Nevada. (Set forth legal description and commonly known street address, if known)

Lot 64, as shown on the map of SIERRA VIEW SUBDIVISION, filed in the office of the County Recorder of Douglas County, Nevada, on April 18, 1960.

In Witness Whereof, I/We have hereunto set my/our hand(s) this 26 day of September, 2002

Jeffrey C. Harry  
Signature  
JEFFREY C. HARRY  
Print or Type Name Here

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Print or Type Name Here

STATE OF ~~NEVADA~~ CALIFORNIA )

COUNTY OF ALAMEDA )

On this 26 day of Sept., 2002

personally appeared before me, a Notary Public  
JEFFREY C. HARRY

personally known to me to be the person(s) whose name(s) is subscribed to the above instrument who acknowledged that \_\_\_\_\_ he \_\_\_\_\_ executed this instrument. Witness my hand and official seal

Notary Public JAMES JACKSON PHILLIPS  
(Notary Stamp)

RECORDING REQUESTED BY AND MAIL TO

Name: Jeffrey C. Harry  
Address: 6737 Sapphire Street  
City/State/Zip: Dublin, CA 94568

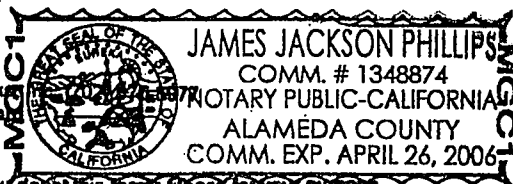
IF APPLICABLE MAIL TAX STATEMENTS TO

Name: Jeffrey C. Harry  
Address: 6737 Sapphire Street  
City/State/Zip: Dublin, CA 94568

SPACE BELOW FOR RECORDS USE ONLY

AFF111

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Las Vegas, NV 89102  
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STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF RECORDER

COUNTY OF ALAMEDA

OAKLAND, CALIFORNIA  
CERTIFICATE OF DEATH

3199701005731

STATE FILE NUMBER

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS  
VS-11 (REV. 11/96)

LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA	1. NAME OF DECEDENT—FIRST (GIVEN) <b>MARLEEN</b>		2. MIDDLE <b>KAY</b>		3. LAST (FAMILY) <b>HARRY</b>						
	4. DATE OF BIRTH M M / D D / C C Y Y <b>01/27/1944</b>		5. AGE YRS. <b>53</b>		6. SEX <b>F</b>		7. DATE OF DEATH M M / D D / C C Y Y <b>08/26/1997</b>		8. HOUR <b>2120</b>		
	9. STATE OF BIRTH <b>CALIFORNIA</b>		10. SOCIAL SECURITY NO. <b>████████ 9662</b>		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS <b>MARRIED</b>		13. EDUCATION—YEARS COMPLETED <b>14</b>		
	14. RACE <b>CAUCASIAN</b>		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER <b>BECHTEL</b>						
USUAL RESIDENCE	17. OCCUPATION <b>COMPUTER ANALYST</b>			18. KIND OF BUSINESS <b>HEAVY DUTY CONSTRUCTION</b>			19. YEARS IN OCCUPATION <b>15</b>				
	20. RESIDENCE—STREET AND NUMBER OR LOCATION <b>6737 SAPPHIRE STREET</b>										
	21. CITY <b>DUBLIN</b>		22. COUNTY <b>ALAMEDA</b>		23. ZIP CODE <b>94578</b>		24. YRS. IN COUNTY <b>11</b>		25. STATE OR FOREIGN COUNTRY <b>CALIFORNIA</b>		
INFORMANT	26. NAME, RELATIONSHIP <b>JEFFREY HARRY, HUSBAND</b>				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>6737 SAPPHIRE STREET, DUBLIN, CA. 94568</b>						
	28. NAME OF SURVIVING SPOUSE—FIRST <b>JEFFREY</b>		29. MIDDLE <b>CRAIG</b>		30. LAST (MAIDEN NAME) <b>HARRY</b>						
SPOUSE AND PARENT INFORMATION	31. NAME OF FATHER—FIRST <b>DANNY</b>		32. MIDDLE <b>CLAUDE</b>		33. LAST <b>HARKLEROAD</b>			34. BIRTH STATE <b>OR</b>			
	35. NAME OF MOTHER—FIRST <b>MARGARET</b>		36. MIDDLE <b>AILEEN</b>		37. LAST (MAIDEN) <b>LANHAM</b>			38. BIRTH STATE <b>NE</b>			
	39. DATE M M / D D / C C Y Y <b>09/03/1997</b>		40. PLACE OF FINAL DISPOSITION <b>JEFFREY HARRY, RES: 6737 SAPPHIRE STREET, DUBLIN, CA. 94568</b>								
FUNERAL DIRECTOR AND LOCAL REGISTRAR	41. TYPE OF DISPOSITION(S) <b>CR/RES</b>			42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>				43. LICENSE NO. <b>-</b>			
	44. NAME OF FUNERAL DIRECTOR <b>DEER CREEK MORTUARY</b>			45. LICENSE NO. <b>FD-1486</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>			47. DATE M M / D D / C C Y Y <b>08/28/1997</b>		
PLACE OF DEATH	101. PLACE OF DEATH <b>OWN RESIDENCE</b>			102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CCNV. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER		104. COUNTY <b>ALAMEDA</b>			
	105. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>6737 SAPPHIRE STREET</b>						106. CITY <b>DUBLIN</b>				
CAUSE OF DEATH	107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) <b>(A) OVARIAN CARCINOMA</b>					TIME INTERVAL BETWEEN ONSET AND DEATH <b>2 MON</b>		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER			
	DUE TO (B)							109. BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input 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											
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.											
PHYSICIAN'S CERTIFICATION	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 / D D / C C Y Y <b>08/03/1997</b>			115. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> <b>PETER WONG, M.D.</b>			115. LICENSE NO. <b>G17444</b>		117. DATE M M / D D / C C Y Y <b>08/28/1997</b>		
	DECEDENT LAST SEEN ALIVE M M / D D / C C Y Y <b>08/25/1997</b>			118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>20055 LAKE CHABOT ROAD CASTRO VALLEY, CA. 94546</b>							
CORONER'S USE ONLY	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 / D D / C C Y Y		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 / D D / C C Y Y			128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER					

173850 C D E F G H FAX AUTH. # 48115 CENSUS TRAC

**CERTIFIED COPY OF VITAL RECORDS**  
STATE OF CALIFORNIA, COUNTY OF ALAMEDA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Alameda County Recorder.

DATE ISSUED **JUL 07 1998** **554717** *Patrick O'Connell*  
PATRICK O'CONNELL  
ALAMEDA COUNTY RECORDER

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COPY

REQUESTED BY

Jeffrey Harry  
UNOFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2002 OCT 14 PM 2: 18

LINDA SLATER  
RECORDER

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

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