

AFFIDAVIT-TERMINATION OF JOINT TENANT

Death of a Joint Tenant

I, June B Davis, Trustee, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That (Deceased Name as shown on Death Certificate) Paul A Davis, TRUSTEE, the Decedent mentioned in the attached certified copy Certificate of Death, is the same person AS (Deceased Name as shown on Deed), _____

Paul A Davis TRUSTEE, named as one of the parties in that certain (type of document) Deed, dated on the 12 day of May 1994, and executed by ~~Raymond M. Smith~~ Raymond M. Smith, known as Grantor(s), to Paul A Davis June B Davis Trustee of #, known as Grantees, as joint tenants, and recorded as instrument number 337307, on the 12 day of May 1994, in Book 0594 of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Minden, County of Douglas,

State of Nevada. (Set forth legal description and commonly known street address, if known)
LOTA-4A as set forth on that certain Parcel map for Raymond Smith, recorded December 4, 1994, in book 1293 at page 140. as document No. 324382 # Paul and June Davis Family Trust August 14, 1985

In Witness Whereof, I/We have hereunto set my/our hand(s) this 11 day of October, 2002

June B. Davis
Signature
June B Davis
Print or Type Name Here

Signature

Print or Type Name Here

STATE OF NEVADA)
COUNTY OF Carson City)
On this 11 day of October, 20 02
personally appeared before me, a Notary Public
June B Davis
personally known to me to be the person(s) whose name(e) is subscribed to the above instrument who acknowledged that She executed this instrument. Witness my hand and official seal
[Signature]
Notary Public

RECORDING REQUESTED BY AND MAIL TO
Name: June B Davis
Address: 1577 LINDSAY AVE
City/State/Zip: MINDEN, NV 89423
IF APPLICABLE MAIL TAX STATEMENTS TO
Name:
Address:
City/State/Zip:

SPACE BELOW FOR RECORDS USE ONLY

0555019
BK1002PG06960

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

ROLL 105 IMAGE 848
LOCAL FILE NUMBER

134

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

1. DECEASED—NAME First Middle Last Paul Aaron DAVIS			2. DATE OF DEATH (Month, Day, Year) January 16, 2002		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Washoe Medical Center			3e. 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		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		
7a. AGE—Last Birthday (Years) 78		7b. UNDER 1 YEAR MOS : DAYS		7c. UNDER 1 DAY HOURS : MINS		
8. DATE OF BIRTH (Mo., Day, Yr.) January 23, 1923		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY U.S.A.		
10. Decedent's Education. Specify highest grade completed. 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) June Bows		
13. SOCIAL SECURITY NUMBER 8074		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Manufacture Representative		14b. KIND OF BUSINESS OR INDUSTRY Jewelry		
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Minden		
15d. STREET AND NUMBER 1577 Lindsay Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER—NAME First Middle Last Joseph Davis		
17. MOTHER—MAIDEN NAME First Middle Last Flora Kassowitz		18a. INFORMANT—NAME (Type or Print) June Davis		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1577 Lindsay Lane, Minden, Nevada 89423		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City, Nevada		
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 9		20c. NAME AND ADDRESS OF FACILITY Walton's Sparks Funeral Home 1745 Sullivan Lane, Sparks, Nevada 89431		
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) <i>[Signature]</i>			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) <i>[Signature]</i>			
21b. DATE SIGNED (Mo., Day, Yr.) 1-18-02		21c. HOUR OF DEATH 2128		22b. DATE SIGNED (Mo., Day, Yr.)		
22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo., Day, Yr.)		22e. PRONOUNCED DEAD (Hour)		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) Todd Chapman, MD, 75 Pringle Way #512, Reno Nevada 89502		23b. LICENSE NUMBER 5933		24. REGISTRAR		
24a. (Signature) <i>[Signature]</i> Dep		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) January 18, 2002		24c. DEATH DUE TO COMMUNICABLE DISEASE 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) CARDIAC ARREST DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
		(b) ELECTROMECHANICAL DISSOCIATION DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
		(c) AORTIC VALVE REPLACEMENT, MITRAL VALVE REPLACEMENT 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 1. CORONARY ARTERY DISEASE.		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		28d. DESCRIBE HOW INJURY OCCURRED		28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		
28f. LOCATION.		28g. STREET OR R.F.D. No.		28h. CITY OR TOWN		
28i. STATE		28j. WORK (No)		28k. STATE		

STATE REGISTRAR

No. 214299

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

Deputy Registrar: *Barbara Lee Hunt*

Date: **JAN 25 2002**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

0555019

RK 1002 PC 06 961 BK 1002 PG 69 61

COPY

REQUESTED BY
Jane B Davis
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2002 OCT 16 PM 12: 55

LINDA SLATER
RECORDER

\$ 16.00 PAID Bl DEPUTY

0555019

BK 1002 PG 06962