

File No: 141-2053893 (CD)  
A.P.N.: 1318-23-410-011  
When Recorded, Mail Tax Statements To:  
Von Bargen  
1805 28th Avenue West  
Seattle, WA 98199

A.P.N.: 1318-23-410-011

**AFFIDAVIT - TERMINATING JOINT TENANCY**

**Jim Jones**, of legal age, being first duly sworn, deposes and says:

That **Dorothy M. Schott**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Dorothy M. Schott** named as one of the parties in that certain **Deed** dated **April 27, 1970** executed by **Donald T. Hall and Peggy Hall** to **John Schott and Dorothy M. Schott** as joint tenants, recorded as Document No. **47970** on **May 4, 1970** in Book **75, Page 448** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

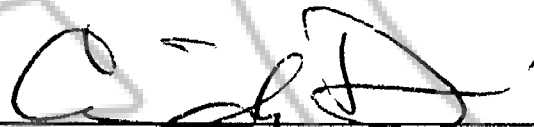
**Lot 37 as shown on the Map of PONDEROSA PARK SUBDIVISION, filed in the office of the County Recorder on February 25, 1970 as Document No. 47249, of Official Records of Douglas County, State of Nevada.**

Date: 2/5/2003

By:   
**Jim Jones**

STATE OF **NEVADA** )  
 ) :SS.  
COUNTY OF **DOUGLAS** )

This instrument was acknowledged before me on 2-5-03 by Jim Jones

  
\_\_\_\_\_  
Notary Public  
(My commission expires: 11-11-06 )



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# STATE OF NEVADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

ROLL 45 IMAGE 40

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

78-004402

LOCAL FILE NUMBER 1216

STATE FILE NUMBER

E INT ENT H ON OOK NG N OF TEMS NTS ION IER NS VE TE THE ING IST E OF H	DECEASED—NAME First Middle Last 1 <b>Dorothy M. SCHOTT</b>	DATE OF DEATH (Month, Day, Year) 2 <b>October 4, 1978</b>	COUNTY OF DEATH 3a <b>Washoe</b>
	CITY, TOWN, OR LOCATION OF DEATH 3b <b>Reno</b>	HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) 3c <b>Washoe Medical Center</b>	If Hosp or Inst Indicate DOA, OP, Emer. Pm., Inpatient (Specify) 3d <b>Inpatient</b>
	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 4a <b>White</b>	ETHNIC 4b <b>German</b>	AGE—Last Birthday (Years) 5a <b>63</b>
	STATE OF BIRTH (if not U.S.A., name country) 8 <b>Wisconsin</b>	CITIZEN OF WHAT COUNTRY 9 <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 <b>Married</b>
	SOCIAL SECURITY NUMBER 13 <b>2631</b>	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a <b>Housewife</b>	SURVIVING SPOUSE (if wife, give maiden name) 11 <b>John Schott</b>
	RESIDENCE—STATE 15a <b>Nevada</b>	COUNTY 15b <b>Douglas</b>	CITY, TOWN, OR LOCATION 15c <b>Stateline</b>
		STREET AND NUMBER 15d <b>#37 Ponderosa Park Kingsbury Road</b>	INSIDE CITY LIMITS (Specify Yes or No) 15e <b>No</b>
	FATHER—NAME First Middle Last 16 <b>Victor Vogel</b>	MOTHER—MAIDEN NAME First Middle Last 17 <b>Olga Wendorf</b>	
	INFORMANT—NAME (Type or Print) 18a <b>John Schott</b>	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b <b>P.O. Box 3465 Stateline, Nevada 89449</b>	
	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a <b>Removal/Burial</b>	CEMETERY OR CREMATORY—NAME 19b <b>Forest Lawn Cemetery</b>	LOCATION City or Town State 19c <b>Covina California</b>
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a <i>[Signature]</i>	NAME AND ADDRESS OF FACILITY 20b <b>Ross, Burke and Knobel Mortuary 2155 Kietzke Lane Reno, Nv. 89502</b>	
	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> DATE SIGNED (Mo., Day, Yr.) <b>10-4-78</b>	HOUR OF DEATH 21c <b>12:30 AM</b>	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) stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 22b. PRONOUNCED DEAD (Mo., Day, Yr.) 22c. PRONOUNCED DEAD (Hour) 22d. ON 22e. AT
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) 23. <b>James W. Forsythe, M.D., 1000 Ryland Street, Reno, Nevada 89502</b>		
	REGISTRAR 24a. (Signature) <i>[Signature]</i> Deputy Registrar	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. <b>October 5, 1978</b>	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		
	PART I (a) <b>metastatic Carcinoma Cervix</b> DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death : <b>2 yrs</b>	
	(b) DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death	
	(c) DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death	
	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)	AUTOPSY (Specify Yes or No) 26. <b>NO</b>	WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No) 27. <b>NO</b>
	ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M
	INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	DESCRIBE HOW INJURY OCCURRED 28d.
		LOCATION 28g.	STREET OR R.F.D. No. CITY OR TOWN STATE



No 005681

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

Date Issued: FEB 12 2003 056835 State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY  
**FIRST AMERICAN TITLE CO.**  
IN OFFICIAL RECORDS OF  
DOUGLAS COUNTY, NEVADA

2003 FEB 27 PM 12:32

WENDY CHRISTEN  
RECORDER

\$16.00 PAID *KJ* DEPUTY

0568351  
BK0203PG11826

