

File No: 141-2057849 (CD)
A.P.N.: 1319-30-516-017
When Recorded, Mail Tax Statements To:
Miller
358 Sunset
Oakview, CA 93022

A.P.N.: 1319-30-516-017

AFFIDAVIT - TERMINATING JOINT TENANCY

Marvin H. Miller, of legal age, being first duly sworn, deposes and says:

That **Mildred H. Miller**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Mildred H. Miller** named as one of the parties in that certain **Individual Grant Deed** dated **July 27, 1992** executed by **Michael C. Gilbert and Angel Kerr-Gilbert** to **Marvin H. Miller and Mildred H. Miller** as joint tenants, recorded as Document No. **284927** on **July 31, 1992** in Book **792, Page 5942** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

Lot 43, Unit D as shown on the map of TAHOE VILLAGE UNIT NO. 1, and amended map of ALPINE VILLAGE UNIT NO. 1, filed in the office of the Douglas County Recorder on December 7, 1971, File No. 55769.

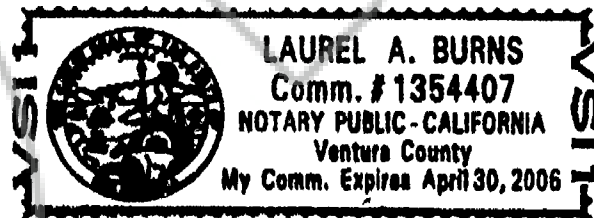
Date: 3-18-03

By: *Marvin H. Miller*
Marvin H. Miller

STATE OF CALIFORNIA)
) :ss.
COUNTY OF VENTURA)

This instrument was acknowledged before me on
3-18-03 by
MARVIN H. MILLER

Laurel A Burns
Notary Public
(My commission expires: 4-30-06)



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STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

County of Ventura

800 SOUTH VICTORIA AVENUE
VENTURA, CALIFORNIA 93009

CERTIFICATE OF DEATH

3 199956 001049

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITECOUTS OR ALTERATIONS				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Mildred		2. MIDDLE H.		3. LAST (FAMILY) Miller			
4. DATE OF BIRTH MM/DD/CCYY 11/24/1909		5. AGE YRS. 89		6. SEX F		7. DATE OF DEATH MM/DD/CCYY 03/25/1999	
8. STATE OF BIRTH MO		10. SOCIAL SECURITY NO. -4136		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS Widowed	
13. EDUCATION—YEARS COMPLETED 12		14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER Self-employed	
17. OCCUPATION Homemaker		18. KIND OF BUSINESS Own home		19. YEARS IN OCCUPATION 60			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 358 Sunset Court							
21. CITY Oak View		22. COUNTY Ventura		23. ZIP CODE 93022		24. YRS IN COUNTY 49	
25. STATE OR FOREIGN COUNTRY CA		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 358 Sunset Court, Oak View, CA 93022					
28. NAME OF SURVIVING SPOUSE—FIRST Charles							
29. MIDDLE —		30. LAST (MAIDEN NAME) Nix		34. BIRTH STATE TN			
29. NAME OF FATHER—FIRST Charles							
30. MIDDLE —		31. LAST Nix		34. BIRTH STATE TN			
29. NAME OF MOTHER—FIRST Minnie							
30. MIDDLE —		31. LAST (MAIDEN) Unknown		34. BIRTH STATE MO			
38. DATE MM/DD/CCYY 03/30/1999							
40. PLACE OF FINAL DISPOSITION RES: 358 Sunset Court, Oak View, CA 93022							
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER Not embalmed				43. LICENSE NO. —	
44. NAME OF FUNERAL DIRECTOR Clausen Funeral Home		45. LICENSE NO. FD731		46. SIGNATURE OF LOCAL REGISTRAR <i>Robert Lee...</i>		47. DATE MM/DD/CCYY 03/29/1999	
101. PLACE OF DEATH Ojai Valley Hospital		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY Ventura	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 1306 Maricopa Highway		106. CITY Ojai		109. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 608-99			
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) (A) cardiopulmonary arrest		TIME INTERVAL BETWEEN ONSET AND DEATH mins.		110. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DOE TO (B) congestive heart failure		3 yrs.		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DOE TO (C) cardiomyopathy		years		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DOE TO (D)				<input type="checkbox"/> YES <input checked="" 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 NO							
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 10/27/1995		115. SIGNATURE AND TITLE OF CERTIFIER <i>Larry J. Hartley MD</i>		116. LICENSE NO. G23858		117. DATE MM/DD/CCYY 03/25/1999	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Larry J. Hartley, MD, 120 N. Ashwood Ave., Ventura, CA 93003		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
121. INJURY DATE MM/DD/CCYY		122. HOUR		123. PLACE OF INJURY			
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							
124. DESCRIBE HOW INJURY OCCURRED (IF EVENTS WHICH RESULTED IN INJURY)							
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
STATE REGISTRAR		A D C D E F G H		FAX AUTH. # 33813		CENSUS TRACT	

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STATE OF CALIFORNIA }
COUNTY OF VENTURA } SS.

CERTIFIED COPY OF VITAL RECORDS
DATE ISSUED **MAR 14 2003**



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This is a true and exact reproduction of the document officially registered and placed on file with the VENTURA COUNTY RECORDER.

Philip J. Schmit
PHILIP J. SCHMIT
COUNTY RECORDER



This copy not valid unless prepared on engraved border displaying seal and signature of County Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

COPY

REQUESTED BY
FIRST AMERICAN TITLE CO.

IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

2003 MAR 28 PM 12:09

WERNER CHRISTEN
RECORDER

\$ 16.50 PAID KD DEPUTY

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