

17 APN: 1420-26-401-033

✓ **When Recorded Mail To:**

ROWE & HALES, LLP
James R. Hales, Esq.
P.O. Box 2080
Minden, NV 89423

APN: 0000-21-240-480

Send Tax Statements To:

ROSA FARROW-REID
P.O. Box 597
Minden, NV 89423

**AFFIDAVIT OF TERMINATION OF JOINT TENANCY
(Death of Joint Tenant)**

Rosa Ann Farrow-Reid, being of legal age and being first duly sworn, deposes and says:

Howard Farrow Reid, aka Ken Reid, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Howard Farrow-Reid, named as one of the parties in that certain Joint Tenancy Deed, dated the 28th day of October, 1996, executed by Michael Bray and Judith Bray, husband and wife to Howard Farrow-Reid and Rosa Ann Farrow-Reid, husband and wife, holding title as Joint Tenants with right of survivorship, recorded as Instrument No.400545 on the 7th day of November, 1996, in Book 1196, Page 1286 of the Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

**All that lot Piece of Parcel of Land situate in Section 26,
Township 14 North, Range 20 East, Douglas County, Nevada
described as follows:**

**Parcel 3 as shown on the parcel map for Richard Perkins, Jolon
Perkins, Ethel S. Meyer and Marilyn Meyer, filed for record
December 9, 1990, in Book 1290, Page 327, as Document No.
240332, Official Records, Douglas County, Nevada.**

///

0579893

BK0603PG06113

Per NRS 111.312, this legal description was previously recorded at Document No. 400545,
Book No. 1196, Page 1286, on November 7, 1996.

Affiant was the wife of Howard Farrow-Reid, up to and until his death.

Howard Farrow-Reid died on the 23rd day of April, 2003.

IN WITNESS WHEREOF, I have hereunto set my hand this 6th day of June, 2003.

Rosa Ann Farrow-Reid
Rosa Ann Farrow-Reid

ACKNOWLEDGMENT

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on the 6th day of June, 2003, by Rosa Ann Farrow-Reid.

WITNESS my hand and official seal.



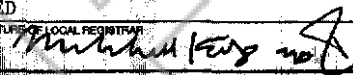

Sonya M. Henning
NOTARY PUBLIC

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

CITY AND COUNTY OF
SAN FRANCISCO

CERTIFICATE OF DEATH

3 2003 38 002003

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ENTRIES, WHITEOUTS OR ALTERATIONS 15-11 REV. 1/03		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
HOWARD		-		FARROW-REID	
AKA. ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs	
		12/06/1938		64	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
ENGLAND		-7641		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death)		7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
MARRIED		04/23/2003		0003	
13. EDUCATION - Highest Level/Degree (See worksheet on back)		14/16. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see worksheet on back)		15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
ASSOCIATE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		WHITE	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED.		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employers agency, etc.)		19. YEARS IN OCCUPATION	
PHOTOGRAPHER		PHOTOGRAPHY		45	
20. DECEDENT'S RESIDENCE (Street and number or location)					
2827 ESAW STREET					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
MINDEN		NEVADA		89423	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
7		CA			
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		
ROSA ANN FARROW-REID (WIFE)			P.O. BOX 597, MINDEN, NEVADA 89423		
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Maiden Name)	
ROSA		ANN		MCARDLE	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
GORDON		-		FARROW	
34. BIRTH STATE		35. NAME OF MOTHER - FIRST		36. MIDDLE	
ENGLAND		VICTORIA		CLAIRE	
37. LAST (Maiden)		38. BIRTH STATE		39. BIRTH STATE	
REID		ENGLAND		ENGLAND	
40. PLACE OF FINAL DISPOSITION					
RES. ROSA ANN FARROW-REID, 2827 ESAW ST., MINDEN, NEVADA 89423					
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
CR/TR/RES		NOT EMBALMED		-	
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
GREEN STREET MORTUARY		FD 101			
47. DATE mm/dd/yyyy					
04/24/2003					
101. PLACE OF DEATH					
CPMC - PACIFIC CAMPUS					
102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE			
<input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> ODA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other					
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
SAN FRANCISCO		2333 BUCHANAN STREET		SAN FRANCISCO	
107. CAUSE OF DEATH					
Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without stating the etiology. DO NOT ABBREVIATE.					
IMMEDIATE CAUSE (A)		RESPIRATORY FAILURE		108. DEATH REPORTED TO CORONER?	
(Final disease or condition resulting in death)				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury) that initiated the events resulting in death.		PNEUMONIA		109. BIOPSY PERFORMED?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
				110. AUTOPSY PERFORMED?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
				111. USED IN DETERMINING CAUSE?	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
RETROPERITONEAL HEMORRHAGE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.)					
-					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NUMBER	
Decedent Attended Since mm/dd/yyyy Decedent Last Seen Alive mm/dd/yyyy				G 055115	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		118. I FEMALE, PREGNANT IN LAST YEAR?			
VASYL WARVARIV, MD, 2340 CLAY ST. #251, SAN FRANCISCO, CA 94115		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		122. HOUR (24 Hours)			
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
125. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH. # CENSUS TRACT	

3802773317 STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO

This is to certify that the image reproduced hereupon is a true copy of the record on file in the SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH as of the date of this certification.

DATE ISSUED **05/19/03**

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


Mitchell Katz, M.D.
Health Officer and Local Registrar



0579893

COPY

REQUESTED BY
Rover Hales, LLP
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2003 JUN 13 AM 9: 20

WERNER CHRISTEN
RECORDER

\$17.⁰⁰ PAID *GW* DEPUTY

0579893

BK0603PG06116