

ASSESSORS PARCEL NUMBER (APN): 1220-22+10-077

AFFIDAVIT-TERMINATION OF JOINT TENANT Death of a Joint Tenant

I, KAREN A. Smith, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That (Deceased Name as shown on Death Certificate) DONALD D. Smith, the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as (Deceased Name as shown on Deed), DONALD DWAYNE Smith, named as one of the parties in that certain (type of document) DEED dated on the 26 day of SEPT, 1997 and executed by HELEN V. STEWART, known as Grantor(s), to DONALD D. SMITH & KAREN A., known as Grantees, as joint tenants, and recorded as instrument number 0422588, on the 26 day of SEPT, 1997 in Book 0997 of Official Records of DOUGLAS County, Nevada, covering the following described property situated in the City of GARDNERVILLE, County of DOUGLAS, State of Nevada. (Set forth legal description and commonly known street address, if known)

LOT 127 AS SHOWN ON THE OFFICIAL MAP OF GARDNERVILLE RANCHES UNIT NO. 5 FILED FOR RECORD ON NOV 9, 1970 IN THE OFFICE OF THE COUNT RECORDER OF DOUGLAS COUNTY NEVADA, AS DOCUMENT NO. 50056

In Witness Whereof, I/We have hereunto set my/our hand(s) this 20 day of June, 2003

Karen A. Smith
Signature

Signature

KAREN A. Smith
Print or Type Name Here

Print or Type Name Here

STATE OF NEVADA)
COUNTY OF DOUGLAS)
On this 20 day of JUNE, 20 03

RECORDING REQUESTED BY AND MAIL TO
Name: KAREN A. Smith
Address: 1778 MAHOGANY CIR.
City/State/Zip: MINDEN NV 89423

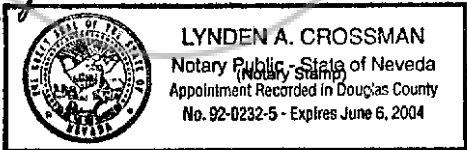
personally appeared before me, a Notary Public
KAREN A. Smith

IF APPLICABLE MAIL TAX STATEMENTS TO
Name:
Address:
City/State/Zip:

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

SPACE BELOW FOR RECORDS USE ONLY

Lynden A. Crossman
Notary Public



0580786
BK 0603PG 10838

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

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

LOCAL FILE NUMBER			STATE FILE NUMBER														
DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)			COUNTY OF DEATH											
1. Donald Dwayne SMITH			2. March 28, 2003			3a. Douglas											
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number)			If Hosp. or Inst. indicate DOA, OP/Emr. Frm. inpatient (Specify)			SEX								
3b. Gardnerville			3c. 778 Lassen Way			3e.			4. Male								
RACE—(e.g., White, Black, American Indian, etc.) (Specify)			Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.			AGE—Last Birthday (Years)			UNDER 1 YEAR			UNDER 1 DAY			DATE OF BIRTH (Mo., Day, Yr.)		
5. White			6.			7a. 57			MOS : DAYS			HOURS : MINS			8. September 14, 1945		
STATE OF BIRTH (if not U.S.A., name country)			CITIZEN OF WHAT COUNTRY			Decedent's Education. Specify highest grade completed.			MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			SURVIVING SPOUSE (If wife, give maiden name)					
9a. North Carolina			9b. U.S.A.			10. 14 Years			11. Married			12. Karen Leinenbach					
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)			KIND OF BUSINESS OR INDUSTRY											
13. ████████-9308			14a. Maintenance Mechanic			14b. Heavy Equipment											
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)									
15a. Nevada		15b. Douglas		15c. Gardnerville		15d. 778 Lassen Way		15e. Yes									
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last														
16. Henry Jasper Smith			17. Tennie Pauline Carver														
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)														
18a. Karen Smith - Wife			18b. 778 Lassen Way, Gardnerville, Nevada 89460														
BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME			LOCATION City or Town State											
19a. Cremation			19b. FitzHenry's Crematory			19c. Carson City, Nevada											
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)			FUNERAL DIRECTOR LICENSE NUMBER			NAME AND ADDRESS OF FACILITY											
20a. <i>[Signature]</i>			20b. 217			20c. Home, 1380 Hwy 395, Gardnerville, NV 89410											
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)			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)														
DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH			DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH								
21b.			21c.			22b. 6-17-03			22c. 2334								
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. ON 3-28-03			22e. AT 2334											
21d.			NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)			LICENSE NUMBER											
23a. Phil Lesquereux, Deputy/Coroner, P.O. Box 218, Minden, NV 89423			23b. 286														
REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			DEATH DUE TO COMMUNICABLE DISEASE											
24a. (Signature) <i>[Signature]</i>			24b. June 19, 2003			24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
25. IMMEDIATE CAUSE ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).			Interval between onset and death														
PART I (a) Carbon Monoxide Poisoning			Interval between onset and death														
DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death														
(b)			Interval between onset and death														
DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death														
(c)			Interval between onset and death														
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.			AUTOPSY (Specify Yes or No)			WAS CASE REFERRED TO CORONER (Specify Yes or No)											
26. Yes			27. Yes														
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED											
28a. Accident		28b. 3-28-03		28c. 2334 M		28d. In bed when fire started in the Home											
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.		STREET OR R.F.D. No.		CITY OR TOWN STATE									
28e. No		28f. At Home		28g. 778 Lassen Way,		Gardnerville, Nevada											



STATE REGISTRAR

No. 248306

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

Date Issued:

JUN 19 2003

[Signature]
Sylvia

0580786 State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

8206038610839

COPY

REQUESTED BY
Karen A. Smith
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2003 JUN 20 PM 2:11

WERNER CHRISTEN
RECORDER

\$16.00 PAID *[Signature]* DEPUTY

0580786

BK0603PG10840