

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

2003 SEP 22 PM 3: 55

A.P.N.: 1318-15-714-036  
File No: 141-2094741 (CD)

WERNER CHRISTEN  
RECORDER

\$ 15.00 PAID Be DEPUTY

When Recorded, Mail Tax Statements To:  
Margaret Warswick  
P.O. Box 353  
Zephyr Cove, NV 89448

A.P.N.: **1318-15-714-036**

**AFFIDAVIT - TERMINATING JOINT TENANCY**

**Margaret E. Warswick**, of legal age, being first duly sworn, deposes and says:

That **Harry O. Warswick III**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Harry O. Warswick III** named as one of the parties in that certain **Grant Deed** dated **April 29, 1976** executed by **Harry O. Warswick III and Margaret E. Warswick** to **Margaret E. Warswick and Harry O. Warswick III** as joint tenants, recorded as Document No. **89870** on **April 30, 1976** in Book **476, Page 1361** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

**Lot 2-5, as shown on the map of CASTLE ROCK PARK UNIT NO. 2, filed in the office of the County Recorder of Douglas County, Nevada, on July 19, 1966, File No. 33031.**

Date: 9-18-03

By: Margaret E Warswick  
**Margaret E. Warswick**

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



This instrument was acknowledged before me on  
9-18-03 by  
Margaret E. Warswick

Jodi O Stovall  
Notary Public  
(My commission expires: 11-15-06 )

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BK 0903PG 12153

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**EL DORADO COUNTY**  
**HEALTH DEPARTMENT**  
PLACERVILLE, CALIFORNIA

**CERTIFICATE OF DEATH 3200209**

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY NO ERASURES, WHITEOUTS OR ALTERATIONS VR-11 (REV. 1/00)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) <b>HARRY</b>		2. MIDDLE <b>OTTO</b>		3. LAST (FAMILY) <b>WARSWICK</b>			
4. DATE OF BIRTH M/M/DD/CYY <b>07/02/1936</b>		5. AGE YRS. <b>65</b>		6. SEX <b>M</b>		7. DATE OF DEATH M/M/DD/CYY B. HOUR <b>01/16/2002 1141</b>	
9. STATE OF BIRTH <b>OH</b>		10. SOCIAL SECURITY NO. <b>9920</b>		11. MILITARY SERVICE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS <b>MARRIED</b>	
13. EDUCATION—YEARS COMPLETED <b>11</b>		14. RACE <b>WHITE</b>		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER <b>ROUND HILL, NV WATER DISTRICT</b>	
17. OCCUPATION <b>MAINTENANCE SUPERVISOR</b>		18. KIND OF BUSINESS <b>PUBLIC UTILITIES</b>		19. YEARS IN OCCUPATION <b>20</b>			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) <b>220 GOLD HILL RD.</b>							
21. CITY <b>ZEPHYR COVE</b>		22. COUNTY <b>DOUGLAS</b>		23. ZIP CODE <b>89448</b>		24. YRS IN COUNTY <b>35</b>	
25. STATE OR FOREIGN COUNTRY <b>NEVADA</b>		26. NAME, RELATIONSHIP <b>MARGARET E. WARSWICK—WIFE</b>					
27. MAILING ADDRESS—(STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>P.O. BOX 353, ZEPHYR COVE, NV 89448</b>		28. NAME OF SURVIVING SPOUSE—FIRST <b>MARGARET</b>		29. MIDDLE <b>E.</b>		30. LAST (MAIDEN NAME) <b>WHITNEY</b>	
31. NAME OF FATHER—FIRST <b>HARRY</b>		32. MIDDLE <b>OTTO</b>		33. LAST <b>WARSWICK, SR.</b>		34. BIRTH STATE <b>OH</b>	
35. NAME OF MOTHER—FIRST <b>RUTH</b>		36. MIDDLE <b>PATRICK</b>		37. LAST (MAIDEN) <b>PATRICK</b>		38. BIRTH STATE <b>IN</b>	
39. DATE M/M/DD/CYY <b>01/22/2002</b>							
40. PLACE OF FINAL DISPOSITION <b>MARGARET E. WARSWICK, 220 GOLD HILL RD., ZEPHYR COVE, NV 89448</b>							
41. TYPE OF DISPOSITION <b>CR/TR/RES</b>		42. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>				43. LICENSE NO.	
44. NAME OF FUNERAL DIRECTOR <b>MCFARLANE MORTUARY</b>		45. LICENSE NO. <b>FD-1180</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>Stephen G. Drogina</i>		47. DATE M/M/DD/CYY <b>01/18/2002</b>	
101. PLACE OF DEATH <b>BARTON MEMORIAL HOSPITAL</b>		102. IF HOSPITAL, SPECIFY ONE: <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER		104. COUNTY <b>EL DORADO</b>	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) <b>4TH AND SOUTH AVE.</b>		106. CITY <b>SO. LAKE TAHOE</b>				107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)	
IMMEDIATE CAUSE (A) <b>CARDIAC ARREST</b>		TIME INTERVAL BETWEEN ONSET AND DEATH <b>Minutes</b>		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER			
DUE TO (B) <b>BRADYCARDIA</b>		Minutes		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C) <b>HYPOTENSTON</b>		Days		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (D) <b>ACUTE CORONARY SYNDROME</b>		Days		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>CEREBROVASCULAR ACCIDENT; ATRIAL FIBRILLATION</b>							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE <b>NO</b>							
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 DECEDENT LAST SEEN ALIVE M/M/DD/CYY M/M/DD/DECEASED <b>01/16/2002 01/16/2002</b>		115. SIGNATURE AND TITLE OF CERTIFIER <i>Andrew H. K. Tang</i>		116. LICENSE NO. <b>A054689</b>		117. DATE M/M/DD/CYY <b>01/17/2002</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP <b>ANDREW H. K. TANG, MD, 2169 SOUTH AVE., SO. LAKE TAHOE, CA 96150</b>		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		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		121. INJURY DATE M/M/DD/CYY	
122. HOUR		123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)		126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/DD/CYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A B C D E F G H		FAX AUTH. # <b>1732</b>		CENSUS TRACT	

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**CERTIFIED COPY OF VITAL RECORDS**  
**STATE OF CALIFORNIA, COUNTY OF EL DORADO**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the El Dorado County Health Department.

DATE ISSUED 01/25/2002

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

*Stephen G. Drogina*  
**STEPHEN G. DROGINA, M.D.**  
COUNTY HEALTH OFFICER

