

REQUESTED BY

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

A.P.N.: 1022-11-002-014
File No: 143-2099893 (JJ)

2004 JAN 14 PM 3:36

When Recorded, Mail To:
Lynn EnEarl, Public Administrator
for Jack F. Henderson, An Adult Ward
P.O. Box 1284
Gardnerville, NV 89410

WERNER CHRISTEN
RECORDER

\$ 15.00 PAID Kj DEPUTY

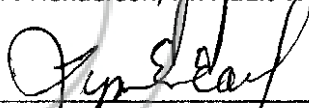
AFFIDAVIT - TERMINATING JOINT TENANCY

Lynn EnEarl, Public Administrator and Guardian for Jack F. Henderson, An Adult Ward, of legal age, being first duly sworn, deposes and says:

That **Marilyn Henderson**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Marilyn J. Henderson** named as one of the parties in that certain **Grant, Bargain, Sale Deed** dated **November 24, 1986** executed by **Monte L. Harris and Evelyn Harris to Jack F. Henderson and marilyn J. Henderson, Husband and Wife** as joint tenants, recorded as Document No. **145766** on **November 26, 1986** in Book **1186**, page **2954** of Official Records of **Douglas** County, **Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

Lot 27 as shown on the map of TOPAZ RANCH ESTATES NO. 1, filed in the office of the County Recorder of Douglas County, Nevada, on December 4, 1963.

Lynn EnEarl, Public Administrator and Guardian for Jack F. Henderson, An Adult Ward



1-7-04

Lynn EnEarl, Douglas County
Administrator

Date

STATE OF **NEVADA**)

:SS.

COUNTY OF **DOUGLAS**)

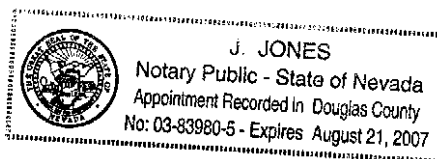
This instrument was acknowledged before me on
January 7, 2004, by

Lynn EnEarl



Notary Public

(My commission expires: August 21, 2007)



0602035

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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

20030012127

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER			
1. Marilyn		HENDERSON		2. September 5, 2003		3a. Carson City			
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/Emer. Rm. Inpatient (Specify)		SEX			
3b. Carson City		3c. Carson Tahoe Hospital		3e. Inpatient		4. Female			
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)		DATE OF BIRTH (Mo., Day, Yr.)			
5. White		6.		7a. 76		8. December 5, 1926			
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. New Jersey		9b. U.S.A.		10. 13 Years		11. Married		12. Jack Henderson	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY					
13. 9406		14a. Administrative Secretary		14b. School District					
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
15a. Nevada		15b. Douglas		15c. Wellington		15d. 4090 Eagle Mt. Rd.		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last							
16. Russell Clark		17. Jean Melvin							
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)							
18a. Carol Cunningham - Daughter		18b. 29757 Sandy Court, Cathedral City, CA 92234							
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 48					
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>Charles E. Nielsen MD</i>		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		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) <i>Charles E. Nielsen MD</i>			
21b. 9/11/2003		21c. 1709				DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22c. PRONOUNCED DEAD (Hour)	
21d. ON						22d. ON		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER							
23a. Charles E. Nielsen, M.D., P.O. Box 2168, Carson City, NV 89702		23b. 3093							
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE					
24a. <i>Christine Kaye</i>		24b. September 12, 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) Respiratory Arrest				Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death					
(b) Cachexia secondary to chronic pain condition				Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death					
(c)									
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. No		27. No							
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
28a.		28b.		28c.		28d.			
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.		28f.		28g.					

STATE REGISTRAR

No. 242986



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

Gyonne Sylva

Date Issued:

NOV 19 2003

0602035

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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