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REQUESTED BY
William Hay
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 JAN 15 PM 2:52

WERNER CHRISTEN
RECORDER

\$ 10^w PAID BC DEPUTY

APN: 1320-33-715-015
Recording requested by and mail documents and
tax statements to:

✓ Name: William R. Hay
Address: 1337 Granborough Drive
City/State/Zip: Gardnerville, NV 89410

AFF111
Nevada Legal Forms & Books, Inc. (702) 870-8977
www.legalformsrus.com

AFFIDAVIT-TERMINATION OF JOINT TENANT

Death of a Joint Tenant

I, William R. Hay
the Affiant, being of legal age, and being first duly sworn, deposes and says:

That Emeli H. Hay
the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as, _____
Emeli Herena Hay

named as one of the parties in that certain Corporation Grant, Bargain, Sale Deed
dated on the 25th day of October, 2001, and executed by _____
Peter M. Beekhof, Jr., WestRidge Homes, Inc.

known as Grantor(s), to William R. Hay and Emeli H. Hay
known as Grantees, as joint tenants, and recorded as instrument number 0526591

on the 30th day of October, 2001, in Book 1001 PG 10216 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 23, Block H, as set forth on Final Subdivision Map No. 1006-7
for Chichester Estates Phase 7, filed in the office of the County Recorder
of Douglas County, State of Nevada on October 13, 2000, in Book 1000, Page
2398, as Document No. 501336. Street Address: 1337 Granborough Drive, Gardnerville.
In Witness Whereof, I/We have hereunto set my/our hand(s) this 15th day of January, 2004.

William R. Hay
Signature

Signature

William R. Hay
Print or type name here

Print or type name here

STATE OF NEVADA)
COUNTY OF)
On this _____ day of _____, 20____, personally appeared before me, a
Notary Public _____
personally known to me to be the person(s) whose name(e) is subscribed to the above instrument who
acknowledged that ___he___ executed this instrument. Witness my hand and official seal.

Notary Public
My Commission Expires: _____
Consult an attorney if you doubt this forms fitness for your purpose.

0602114
BK0104PG04606

State of Nevada

County of douglas

On 15 January, 2004, William R Hay personally appeared
before me,

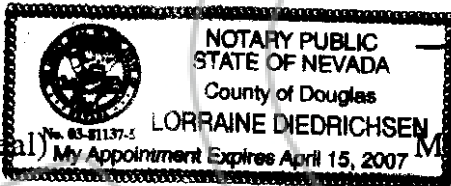
_____ who is personally known to me

whose identity I proved on the basis of NOL

_____ whose identity I proved on the oath/affirmation of

_____, a credible witness

to be the signer of the above instrument, and he/she acknowledged that he/she signed it.



Lorraine Diedrichsen
Notary Public

(Seal) My Appointment Expires April 15, 2007 My commission expires April 15, 2007

0602114

BK0104PG04607

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

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

ROLL 113 IMAGE 176

3511

STATE FILE NUMBER

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

DN 0104 PG 4

DECEASED—NAME First Middle Last Emeli Herena HAY		DATE OF DEATH (Month, Day, Year) December 27, 2003		COUNTY OF DEATH Washoe
CITY, TOWN OR LOCATION OF DEATH Reno		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Washoe Medical Center		SEX Female
RACE—(e.g., White, Black, American Indian, etc.) (Specify) Pacific Islander		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. X	AGE—Last Birthday (Years) 54	DATE OF BIRTH (Mo., Day, Yr.) November 17, 1949
STATE OF BIRTH (If not U.S.A., name country) Rotuma Island	CITIZEN OF WHAT COUNTRY Rotuma	Decedent's Education. Specify highest grade completed. 15	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	SURVIVING SPOUSE (If wife, give maiden name) William Ralph Hay
SOCIAL SECURITY NUMBER 2797	USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired) Insurance Investigator	KIND OF BUSINESS OR INDUSTRY Automobile Association		
RESIDENCE—STATE Nevada	COUNTY Douglas	CITY, TOWN, OR LOCATION Gardnerville	STREET AND NUMBER 1337	INSIDE CITY LIMITS (Specify Yes or No) Yes
FATHER—NAME First Middle Last Tifare Rene		MOTHER—MAIDEN NAME First Middle Last Vamarosi Selina Kepieni		
INFORMANT—NAME (Type or Print) Lenora Hay		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 2101 Roskelley Drive, Concord, CA 94519		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		CEMETERY OR CREMATORY—NAME Oakmont Memorial Park	LOCATION City or Town State Lafayette, California	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 617	NAME AND ADDRESS OF FACILITY Ross, Burke & Knobel Mortuary 2155 Kietzke Lane, Reno, Nevada 89502	
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>[Signature]</i>		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>[Signature]</i>		
DATE SIGNED (Mo., Day, Yr.) 12/29/03		HOUR OF DEATH 1900		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Peter Lim, M.D., 75 Pringle Way, Reno, Nevada 89502		LICENSE NUMBER 8759		
REGISTRAR <i>[Signature]</i> Dep.		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) December 29, 2003	DEATH DUE TO COMMUNICABLE DISEASE NO	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death		
PART (a) Liver failure DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death		
PART (b) Arterian Coroner DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death		
PART (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No) NO		
WAS CASE REFERRED TO CORONER (Specify Yes or No) NO				
ACC., SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.	
INVEST. WORK (No) 28f.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION 28g.	STREET OR R.F.D. No.	CITY OR TOWN STATE



STATE REGISTRAR

No. 241712

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

Registrar: *[Signature]*

Date: **JAN 8 2004**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

LED 2114 BOOK 0104 PG 04608