

16

REQUESTED BY
Nancy L O'Connor
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 JAN 16 PM 1:52

WERNER CHRISTEN
RECORDER

\$16.00 PAID Jo DEPUTY

APN: 1320-29-111-055

Recording requested by and mail documents and tax statements to:

Name: NANCY L O'CONNOR

Address: 1156 WHITE OAK Lp.

City/State/Zip: MINDEN, NV 89423

AFF111

Nevada Legal Forms & Books, Inc. (702) 870-8977

www.legalformsrus.com

AFFIDAVIT-TERMINATION OF JOINT TENANT

Death of a Joint Tenant

I, NANCY L SCOTT O'CONNOR

the Affiant, being of legal age, and being first duly sworn, deposes and says:

That C. EDWARD O'CONNOR

the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as, _____

C. EDWARD O'CONNOR

named as one of the parties in that certain DEED

dated on the 18 day of MARCH, 1997, and executed by _____

WESTERN NEVADA PROPERTIES, INC

known as Grantor(s), to C. EDWARD O'CONNOR AND NANCY SCOTT O'CONNOR

known as Grantees, as joint tenants, and recorded as instrument number 0408671

on the 18 day of MARCH, 1997, in Book 399 of Official Records

of DOUGLAS County, Nevada, covering the following described property situated

in the City of MINDEN, County of DOUGLAS, State

of Nevada. (Set forth legal description and commonly known street address, if known)

SEE ATTACHED exhibit A

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

Nancy Lou Scott O'Connor
Signature

Signature

Nancy Lou Scott O'Connor
Print or type name here

Print or type name here

STATE OF NEVADA
COUNTY OF DOUGLAS

On this 16th day of JANUARY, 20 04, personally appeared before me, a

Notary Public Nancy Lou Scott O'Connor

personally known to me to be the person(s) whose name(e) is subscribed to the above instrument who

acknowledged that 2 he executed this instrument. Witness my hand and official seal.

Mary Ann Wenner
Notary Public



My Commission Expires: MAY 3, 2004

Consult an attorney if you doubt this forms fitness for your purpose.

0602270

BK 0104 PG 05335

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

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last C. Edward O'CONNOR		2. DATE OF DEATH (Month, Day, Year) April 18, 2002	
3. CITY, TOWN OR LOCATION OF DEATH Minden		3a. COUNTY OF DEATH Douglas	
3b. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 1156 White Oak Loop		3c. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Male	
4. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		5. AGE—Last Birthday (Years) 71	
6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7. UNDER 1 YEAR MOS : DAYS UNDER 1 DAY HOURS : MINS	
8. DATE OF BIRTH (Mo., Day, Yr.) June 29, 1930		9. SURVIVING SPOUSE (If wife, give maiden name) Nancy Whitt-Scott	
10. STATE OF BIRTH (If not U.S.A., name country) Kansas		11. Decedent's Education. Specify highest grade completed. 12 Years	
12. SOCIAL SECURITY NUMBER 2215		13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Dispatcher		14b. KIND OF BUSINESS OR INDUSTRY Trucking Industry	
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN, OR LOCATION Minden		15d. STREET AND NUMBER 1156 White Oak Loop	
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER—NAME First Middle Last Bart C. O'Connor	
17. MOTHER—MAIDEN NAME First Middle Last Betie Rime1		18. INFORMANT—NAME (Type or Print) Nancy L. O'Connor - Wife	
18a. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1156 White Oak Loop Minden, NV 89423		19. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
19a. CEMETERY OR CREMATORY—NAME FitzHenry's Crematory		19b. LOCATION City or Town State Carson City, Nevada	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 217	
20c. NAME AND ADDRESS OF FACILITY Home, 1380 Hwy 395 Gardnerville, NV 89410		21. To be completed by CERTIFYING PHYSICIAN 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> DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH 21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21c. HOUR OF DEATH 21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) Phil Lesquereux Deputy/Coroner, P.O. Box 218 Minden, NV 89423	
22. To be completed by Coroner's Office 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.) HOUR OF DEATH 22b. 4-19-02 22c. 1500 PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour) 22d. ON 4-18-2002 22e. AT 1500		23. LICENSE NUMBER 286	
24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) April 23 2002	
24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF: (b) Congestive Heart Disease DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.	
26. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		26. DATE OF INJURY (Mo., Day, Yr.) 28b.	
26. HOURS OF INJURY 28c.		26. DESCRIBE HOW INJURY OCCURRED 28d.	
26. INJURY AT WORK (Specify Yes or No) 28e.		26. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	
26. LOCATION 28g.		26. STREET OR R.F.D. No. 28g.	
26. CITY OR TOWN 28g.		26. STATE 28g.	

STATE REGISTRAR

No. 216535

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

Date Issued: **0602270** **APR 23 2002**

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 0104 PG 05336

DOUGLAS COUNTY

R.P.T.T. 188.50
FULL VALUE

ESCROW NO. 96011289

**CORPORATION
GRANT, BARGAIN and SALE DEED**

THIS INDENTURE WITNESSETH: That
Western Nevada Properties, Inc., a Nevada Corporation

in consideration of \$10.00, the receipt of which is hereby acknowledged, does hereby Grant, Bargain Sell and Convey to
C. Edward O'Connor and Nancy Scott O'Connor husband and wife as

Exhibit A

and to the heirs and assigns of such Grantee forever, all that real property situated in the **unincorporated area**
County of **Douglas** State of Nevada, bounded and described as follows:
Unit 349, as shown on the Final Map No. 1008-7A for Winhaven, Unit
No. 7, Phase A, a Planned Unit Development, filed for record in the
office of the County Recorder of Douglas County, Nevada, on
November 17, 1995, in Book 1195 of Official Records at Page 2675,
as Document No. 374950.

Assessors Parcel No. 25-790-57

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise
appertaining, and any reversions, remainders, rents, issues or profits thereof.

DATE: November 14, 1996

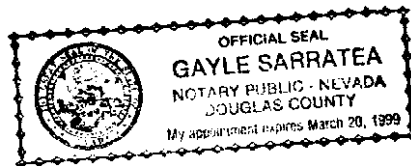
Western Nevada Properties, Inc.
a Nevada Corporation

BY: Andrew W Mitchell
Andrew W. Mitchell

STATE OF NEVADA }
 } ss.
COUNTY OF DOUGLAS }

BY: _____

On 3-17-97, personally appeared before me,
a Notary Public, Andrew W. Mitchell
personally known or proved
to me to be the person(s) whose name(s) is/are subscribed to the above
instrument and who acknowledged that she/he/they executed the instrument.
WITNESS my hand and official seal.



Signature Gayle Sarratea
Notary Public

(This area above for official notarial seal)

RECORDING REQUESTED BY:

STEWART TITLE COMPANY
WHEN RECORDED MAIL TO:

MAIL TAX STATEMENTS TO:

M/M C. Edward O'Connor same
1156 White Oak Loop
Minden, NV 89423

REQUESTED BY
Stewart Title of Douglas County
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

'97 MAR 18 P3:25

0602270

0408671

BK0397PG2747

RECORDER
37 PAID K. DEPT. TY

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