

APN: 1320-33-310-029

When Recorded Mail To:

ROWE & HALES, LLP
James R. Hales, Esq.
P.O. Box 2080
Minden, NV 89423

Send Tax Statements To:

Raymond D. Knutson
1283 Chichester Drive
Gardnerville, NV 89410

REQUESTED BY
Rowe & Hales, LLP
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 FEB 11 PM 4:27

WERNER CHRISTEN
RECORDER

\$16.00 PAID *JK* DEPUTY

**AFFIDAVIT OF TERMINATION OF JOINT TENANCY
(Death of Joint Tenant)**

Raymond D. Knutson, being of legal age and being first duly sworn, deposes and says:

Martha A. Knutson, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Martha A. Knutson, named as one of the parties in that certain Corporation Grant Bargain and Sale Deed, dated the 8th day of October, 1996, executed by Peter Beekhof, Jr., of West Ridge Homes, Inc. to Raymond D. Knutson and Martha A. Knutson, Husband and Wife, holding title as joint tenants, recorded as Instrument No. 399302 on the 22nd day of October, 1996, in Book 1096, Page 3919 of the Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

Lot 35, Block O, as set forth on Final Subdivision Map FSM-1006 of CHICHESTER ESTATES Phase 1, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on September 12, 1995, in Book 995 at Page 1407, as Document No. 370215.

Assessors Parcel No. 1320-33-310-029

Per NRS 111.312, this legal description was previously recorded at Document No. 399302, Book No. 1096, Page 3918, on October 22, 1996.

0604366

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Affiant was the husband of Martha Knutson, up to and until her death.

Martha A. Knutson died on the 13th day of November, 2003.

IN WITNESS WHEREOF, I have hereunto set my hand this 29 day of JAN, 2004.

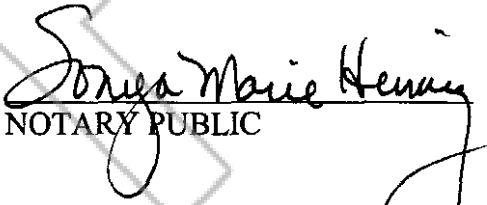

RAYMOND D. KNUTSON

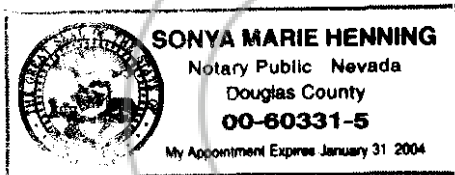
ACKNOWLEDGMENT

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on the 29th day of Jan, 2004, by Raymond D. Knutson.

WITNESS my hand and official seal.


NOTARY PUBLIC



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		
DECEDENT	1. DECEASED—NAME First Middle Last Martha A. KNUTSON		2. DATE OF DEATH (Month, Day, Year) November 13, 2003		
	3b. CITY, TOWN OR LOCATION OF DEATH Gardnerville		3a. COUNTY OF DEATH Douglas		
	3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 1283 Chichester Drive		3e. SEX Female		
PARENTS	5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		
	7a. AGE—Last Birthday (Years) 73		8. DATE OF BIRTH (Mo., Day, Yr.) March 12, 1930		
	9a. STATE OF BIRTH (If not U.S.A., name country) Oklahoma		9b. CITIZEN OF WHAT COUNTRY U.S.A.		
DISPOSITION	10. Decedent's Education. Specify highest grade completed. 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
	12. SURVIVING SPOUSE (If wife, give maiden name) Raymond D. Knutson		13. SOCIAL SECURITY NUMBER [REDACTED]-7651		
	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Clerk		14b. KIND OF BUSINESS OR INDUSTRY Telecommunications		
CERTIFIER	15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		
	15c. CITY, TOWN, OR LOCATION Gardnerville		15d. STREET AND NUMBER Dr. 1283 Chichester		
	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER—NAME First Middle Last W. Louis Chamness		
CAUSE OF DEATH	17. MOTHER—MAIDEN NAME First Middle Last Ida May Suit		18a. INFORMANT—NAME (Type or Print) Raymond D. Knutson		
	18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1283 Chichester Drive Gardnerville, NV 89410		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		
	19b. CEMETERY OR CREMATORY—NAME Walton's Carson Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada		
F DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Jimmy Be...</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 09		
	20c. NAME AND ADDRESS OF FACILITY Society 1614 N. Curry St. Carson City, NV 89703		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>		
	21b. DATE SIGNED (Mo., Day, Yr.) 11-13-03		21c. HOUR OF DEATH 08:00		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Bryan Ricks M.D. 911 Mountain St. Carson City, Nevada 89703		21e. PRONOUNCED DEAD (Mo., Day, Yr.) ON		
	22a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Bryan Ricks M.D. 911 Mountain St. Carson City, Nevada 89703		22b. PRONOUNCED DEAD (Hour) AT		
	23a. REGISTRAR <i>[Signature]</i>		23b. LICENSE NUMBER 9435		
CAUSE OF DEATH	24a. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) November 13, 2003		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) CARDIOPULMONARY ARREST DUE TO, OR AS A CONSEQUENCE OF: (b) FAILURE TO THRIVE DUE TO, OR AS A CONSEQUENCE OF: (c) METASTATIC BREAST CARCINOMA				
26. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		27. DATE OF INJURY (Mo., Day, Yr.) 28b.		28c. HOUR OF INJURY 28c. M	
28d. DESCRIBE HOW INJURY OCCURRED		28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		28g. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 28g.	



STATE REGISTRAR

No.244900

Yvonne Sylva

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

Date Issued: **NOV 13 2003 0604366**

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT
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