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REQUESTED BY
Jeannine Williams
AN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 FEB 13 PM 3:42

WERNER CHRISTEN
RECORDER

\$17⁰⁰ PAID *se* DEPUTY

APN: 1220-28-510-029

Recording requested by and mail documents and tax statements to:

Name: Jeannine A. Williams

Address: 1386 Mary Jo Drive

City/State/Zip: Gardnerville, NV 89460

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

AFFIDAVIT-TERMINATION OF JOINT TENANT

Death of a Joint Tenant

I, Jeannine A. Williams
the Affiant, being of legal age, and being first duly sworn, deposes and says:

That ROBERT D. WILLIAMS
the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as, Robert D. Williams

named as one of the parties in that certain Joint Tenancy Deed
dated on the 14 day of May, 1990, and executed by H&S Construction Inc., a Nevada corporation

known as Grantor(s), to Robert D. Williams & Jeannine A. Williams, Husband and Wife
known as Grantees, as joint tenants, and recorded as instrument number 231354
on the 31st day of July, 1990, in Book 790 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)

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

In Witness Whereof, I/We have hereunto set my/our hand(s) this 13 day of February, 2004.

Jeannine A. Williams
Signature

Signature

JEANNINE A. WILLIAMS
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.

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State of Nevada

County of Douglas

On 13 February, 2004, Sharonne A Williams personally appeared

before me,

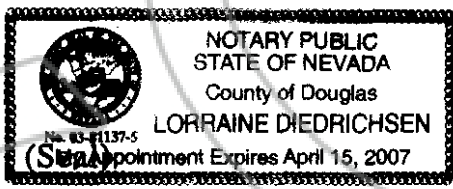
_____ who is personally known to me

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

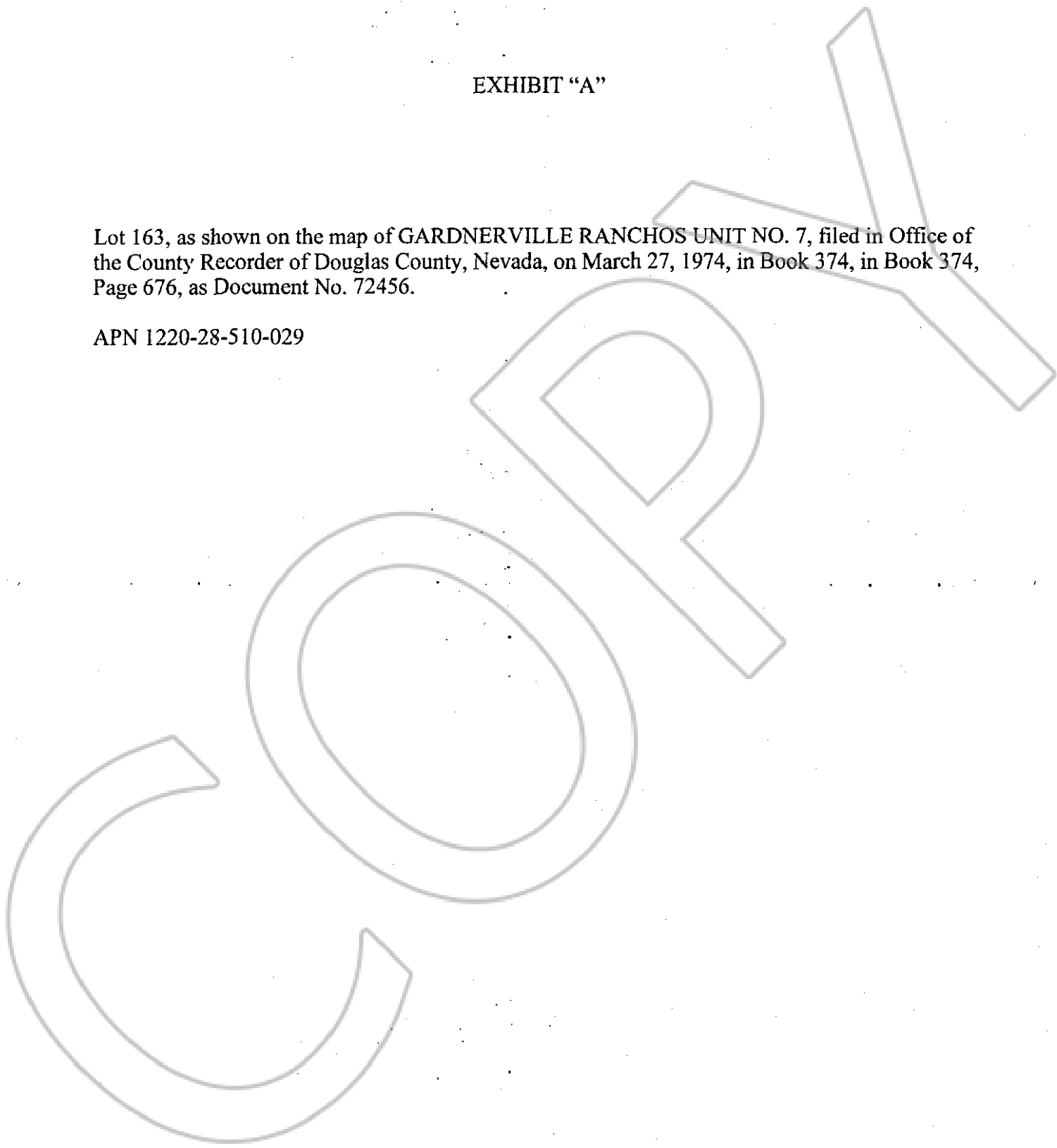
My commission expires April 15, 2004

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EXHIBIT "A"

Lot 163, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed in Office of the County Recorder of Douglas County, Nevada, on March 27, 1974, in Book 374, in Book 374, Page 676, as Document No. 72456.

APN 1220-28-510-029



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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

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

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Robert D. WILLIAMS				2. September 1, 2003		3a. Douglas	
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. Gardnerville		3c. 1387 Mary Jo Dr.		3e.		4. Male	
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. November 16, 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)	
9a. Michigan		9b. U.S.A.		10. 12 Years		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY			
13. ████████-0509		14a. Material Handler		14b. General Motors			
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Gardnerville		15d. 1387 Mary Jo Dr.	
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes					
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last				
16. Charles Henry Williams			17. Beatrice Brewer				
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)				
18a. Jeannine Williams - Wife			18b. 1387 Mary Jo Dr. Gardnerville, NV 89460				
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			
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>		21c. HOUR OF DEATH 0420		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>		22c. HOUR OF DEATH	
21b. DATE SIGNED (Mo., Day, Yr.) 9-4-03				22b. DATE SIGNED (Mo., Day, Yr.)		22e. AT	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22d. ON		22f. PRONOUNCED DEAD (Mo., Day, Yr.)	
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		23a. B. Bottenberg D.O., 550 W. Washington #1, Carson City, NV 89703		23b. LICENSE NUMBER 0109			
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. <i>[Signature]</i>		24b. September 4, 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) Adenocarcinoma of liver				Interval between onset and death			
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death			
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) 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. M		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.			

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STATE REGISTRAR

No.242956

[Signature]
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: SEP 04 2003

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT