

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

A.P.N.: 1022-16-001-115
File No: 142-2123003 (NMP)

2004 MAR 11 PM 12:52

When Recorded, Mail To:
Joan J. Fuller
1104 38th Street
Anacortes, WA 98221

WERNER CHRISTEN
RECORDER

\$1500 PAID *PR* DEPUTY

AFFIDAVIT - TERMINATING JOINT TENANCY

Joan J. Fuller, of legal age, being first duly sworn, deposes and says:
/Vincent Anthony

That **Rex A. Fuller**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Rex A. Fuller** named as one of the parties in that certain **Grant, Bargain, Sale Deed** dated **July 19, 2000** executed by **John S. Dutton** to **Joan J. Fuller and Rex A. Fuller** as joint tenants, recorded as Document No. **0497416** on **August 10, 2000** in Book **0800, Page 1729** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

LOT 38, IN BLOCK "K", AS SHOWN ON THE MAP ENTITLED TOPAZ RANCH ESTATES, UNIT NO. 4, FILED FOR RECORD NOVEMBER 16, 1970, IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, AS DOCUMENT NO. 50212.

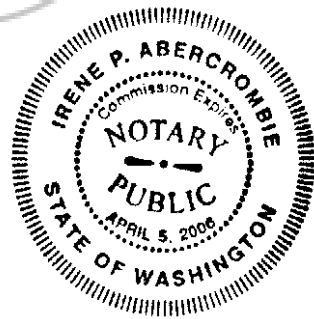
Joan J Fuller 03/05/04
Joan J. Fuller Date

STATE OF ~~WASHINGTON~~ **NEVADA**)
 ISLAND) :SS.
COUNTY OF **DOUGLAS**)

This instrument was acknowledged before me on
3-5-2004 by Joan J. Fuller

Irene P. Abercrombie

Notary Public
(My commission expires: 4-5-2006)



0606954
BK 0304 PG 05222

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 | |
| DECEASED—NAME First Middle Last | | DATE OF DEATH (Month, Day, Year) | COUNTY OF DEATH |
| 1. Rex Vincent Anthony FULLER | | 2. November 16, 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. (Specify) |
| 3b. Wellington | | 3c. 3665 Granite Way | 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) |
| 5. White | | 6. | 7a. 82 |
| STATE OF BIRTH (If not U.S.A., name country) | | CITIZEN OF WHAT COUNTRY | Decedent's Education. Specify highest grade completed. |
| 9a. Iowa | | 9b. U.S.A. | 10. 16 Years |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) | KIND OF BUSINESS OR INDUSTRY |
| 13. ████████-5683 | | 14a. Executive Sales | 14b. Printing Industry |
| RESIDENCE—STATE | | COUNTY | CITY, TOWN, OR LOCATION |
| 15a. Nevada | | 15b. Douglas | 15c. Wellington |
| FATHER—NAME First Middle Last | | MOTHER—MAIDEN NAME First Middle Last | |
| 16. Willard O. Fuller | | 17. Ethel Inez Broad | |
| INFORMANT—NAME (Type or Print) | | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) | |
| 18a. Joan Fuller - Wife | | 18b. 3665 Granite Way, Wellington, NV 89444 | |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) | | CEMETERY OR CREMATORY—NAME | LOCATION City or Town State |
| 19a. Removal/Burial | | 19b. Masonic Cemetery | 19c. Des Moines, Iowa |
| 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 be completed by CERTIFYING PHYSICIAN | | 22a. To be completed by Coroner's Office | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. | | 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. | |
| <i>[Signature]</i> <i>A. Miller, MD</i> | | <i>[Signature]</i> | |
| DATE SIGNED (Mo., Day, Yr.) | | HOUR OF DEATH | |
| 21b. 11/17/03 | | 21c. 0930 | |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | PRONOUNCED DEAD (Mo., Day, Yr.) | |
| 21d. | | 22b. ON | |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) | | LICENSE NUMBER | |
| 23a. Andrea L. Miller M.D., 1374 Bridle Way, Minden, NV 89423 | | 23b. 8912 | |
| REGISTRAR | | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) | DEATH DUE TO COMMUNICABLE DISEASE |
| 24a. <i>[Signature]</i> | | 24b. Nov 18, 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) <i>respiratory arrest</i> | | Interval between onset and death | |
| (b) <i>pneumonia</i> | | Interval between onset and death | |
| (c) <i>malnutrition due to hepatic failure</i> | | Interval between onset and death | |
| 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) | |
| 26. No | | 27. No | |
| ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) | | DATE OF INJURY (Mo., Day, Yr.) | HOUR OF INJURY |
| 28a. | | 28b. | 28c. M |
| INJURY AT WORK (Specify Yes or No) | | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) | LOCATION. |
| 28e. | | 28f. | 28g. |

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

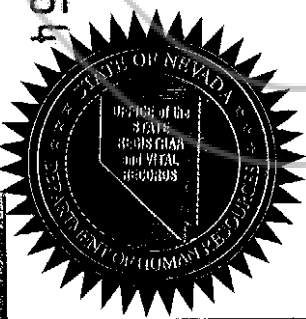
DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

304 PG 05 223
0606954



STATE REGISTRAR

No. 246261

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

[Signature]
Yvonne Sylvia

Date Issued: NOV 18 2003

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT