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REQUESTED BY
Nancy Rey Jackson Ltd
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 APR -5 AM 11:17

WERNER CHRISTEN
RECORDER

\$17⁰⁰ PAID KJ DEPUTY

APN# 1219-03-002-048

Recording Requested by:

✓ Name Nancy Rey Jackson, Ltd.

Address 1591 Mono Avenue

City/State/Zip Minden, NV 89423

AFFIDAVIT OF TERMINATION OF JOINT TENANT
(Title of Document)

**This page added to provide additional information required by NRS 111.312 Sections 1-2.
(Additional recording fee applies)**

This cover page must be typed or printed.

0609335

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APN 1219-03-002-048
When Recorded Return and Mail Tax Statements To:
Virginia Paul
PO Box 2515
Minden, NV 89423

AFFIDAVIT OF TERMINATION OF JOINT TENANT

STATE OF NEVADA)
)§
COUNTY OF DOUGLAS)

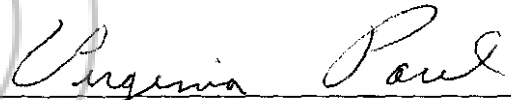
VIRGINIA PAUL, of legal age, being duly sworn, deposes and says:

1. That LEONARD F. PAUL, the decedent mentioned in the attached certified copy of certificate of death, was, until his death, and is the same person as LEONARD F. PAUL, named as one of the parties in that certain grant, bargain, sale deed by and between LEONARD F. PAUL and VIRGINIA PAUL, husband and wife as joint tenants, recorded in the official records of Douglas County, State of Nevada, document number 115767, Book 485, Page 643, concerning the real property situate in the County of Douglas, State of Nevada, with the address of 240 Autumn Hills Road, Gardnerville, Nevada, more particularly described as follows:

SEE ATTACHED


1. That this affidavit is executed and recorded for the purposes of terminating the interest of said LEONARD F. PAUL in and to the hereinabove-described real property.

Dated this 4th day of March, 2004.



VIRGINIA PAUL

On this 4th day of March, 2004, personally appeared before me, a Notary Public, Virginia Paul, personally known or proved to me to be the person whose name is subscribed to the above instrument and who acknowledged that she executed the above instrument.



NOTARY PUBLIC



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EXHIBIT "A"

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

A parcel of land situate in and being a portion of the South 1/2 of Section 3, Township 12 North, Range 19 East, M.D.B.&M., more particularly described as follows, to wit:

COMMENCING at the Southwest corner of said Section 3, proceed North $89^{\circ} 57' 00''$ East, a distance of 1,159.73 feet, along the Section line, which is also the centerline of Autumn Hills Drive (60 feet in width), to a point; thence North $00^{\circ} 10' 19''$ West, a distance of 30.00 feet to the True Point of Beginning; said point lies on the Northerly right-of-way line of said 60 foot road; thence North $89^{\circ} 57' 00''$ East, a distance of 165.50 feet to a point; thence North $00^{\circ} 10' 19''$ West, a distance of 325.00 feet to a point; thence South $89^{\circ} 57' 00''$ West, a distance of 135.37 feet to a point; thence South $08^{\circ} 02' 36''$ East, a distance of 45.44 feet to a point; thence South $89^{\circ} 57' 00''$ West, a distance of 36.44 feet to a point; thence South $00^{\circ} 10' 19''$ East, a distance of 280.00 feet to the POINT OF BEGINNING.

Said land more fully shown as Parcel No. 1 as set forth on that certain Survey Parcel Map filed for record in the Office of the County Recorder of Douglas County, Nevada, on July 30, 1976, as Document No. 02124.

A.P.N. 19-051-21

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"Per NRS 111.312, this legal description was previously recorded at Document No. 115767, Book 485, Page 643, on 4/8/85."

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CERTIFICATION OF VITAL RECORD

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

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Leonard Fredrick PAUL		2. January 18, 2004		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. 240 Autumn Hills Rd.		3e. Male			
5. 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. 78		8. June 25, 1925	
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. California		9b. U.S.A.		10. 16 Years		11. Married	
12. Virginia Garcia		13. 1796		14a. Engineer		14b. U.S. Government	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Gardnerville		15d. Autumn Hills Rd.	
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes					
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last					
16. Frank William Paul		17. Vada Leonard					
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Virginia Paul - Wife		18b. P.O. Box 2515, Minden, Nevada 89423					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Burial		19b. Mottsville Cemetery		19c. Gardnerville, 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			
21. 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.					
(Signature and Title)		(Signature and Title)					
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b.		21c.		22b. 1-22-04		22c. 2220	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
21d.				22d. ON 1-18-04		22e. AT 2220	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)				LICENSE NUMBER			
23a. Phil Lesquereux, Deputy/Coroner, P.O. Box 218, Minden, NV 89423				23b. 286			
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. <i>[Signature]</i>		24b. January 23, 2004		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) Cardiac Respiratory Arrest		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) COPD		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c)		DUE TO, OR AS A CONSEQUENCE OF:		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. Yes	
26. No		27. Yes					
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c.		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.			

STATE REGISTRAR

No. 251985

I2468

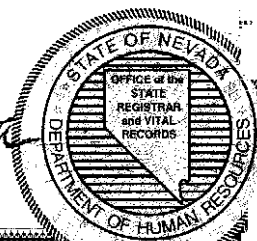
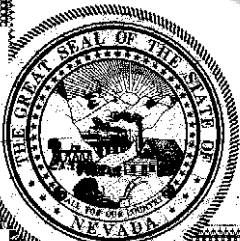
CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

JAN 23 2004

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



[Signature]
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