

REQUESTED BY
Gertrude Berkowitz
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 APR -8 AM 10: 19

WERNER CHRISTEN
RECORDER

s/lc PAID KJ DEPUTY

1320-30-311-024

APN: 17-304-03
Recording requested by and mail documents and tax statements to:

Name: GERTRUDE J. BERKOWITZ
Address: 862 Mahogany Drive
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, Gertrude J. Berkowitz
the Affiant, being of legal age, and being first duly sworn, deposes and says:

That Maynard Z. Berkowitz
the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as, _____

Maynard Z. Berkowitz
named as one of the parties in that certain Warranty Deed
dated on the 10 day of July 1997, and executed by Maynard Z

Berkowitz & Gertrude J. Berkowitz
known as Grantor(s), M.Z. Berkowitz & Gertrude Berkowitz Trustees
known as Grantees, as joint tenants, and recorded as instrument number 0410983

on the 11 day of July 1997, in Book 07977 Pg 1808 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)
Lot 3 Block O, as set forth on the Final Map of Westwood Village
Unit No 111, filed in the office of the County Recorder of Douglas County
State of Nevada, on August 31, 1989, in Book 889, Pg 4564 as Document No.

In Witness Whereof, I/We have hereunto set my/our hand(s) this 8 day of April, 2004. 209883

Gertrude J. Berkowitz
Signature

Signature

GERTRUDE J. BERKOWITZ
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 8 April, 2004, Gertrude bertowitz personally appeared
before me,

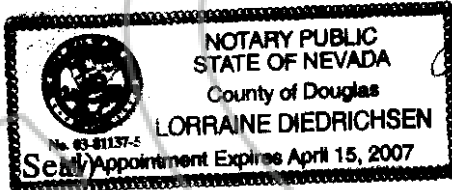
_____ who is personally known to me

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, 2007

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CERTIFICATION OF VITAL RECORD

**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

ECEDENT

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. Maynard		Z. BERKOWITZ		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. Minden		3c. 862 Mahogany Drive		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)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)
5. White	6.	7a. 74	7b. :	7c. :	8. May 21, 1929
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)	SURVIVING SPOUSE (If wife, give maiden name)	
9a. Pennsylvania	9b. U.S.A.	10. 14	11. Married	12. Gertrude J. Gluck	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY			
13. 9294	14a. Engineer	14b. Computer/Electronics			
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
15a. Nevada	15b. Douglas	15c. Minden	15d. 862 Mahogany Dr.	15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last			
16. Samuel Berkowitz		17. Rose Gross			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Gertrude J. Berkowitz - Wife		18b. 862 Mahogany Drive, Minden, NV 89423			
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. 833 N. Edmonds Drive, Carson City, NV 89701			
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>		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		DATE SIGNED (Mo., Day, Yr.)	
21b. 1/20/04		21c. 0815		22b. :	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
21d.		22d. ON		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)					LICENSE NUMBER
23a. Andrea Weed, D.O., 1007 N. Curry #300, Carson City, NV 89703					23b. D0675
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE			
24a. <i>[Signature]</i>	24b. January 20, 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)	Metastatic prostate cancer	Interval between onset and death			
(b)		Interval between onset and death			
(c)		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)	WAS CASE REFERRED TO CORONER (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	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.			

STATE REGISTRAR

No.251998

I2074

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 20 2004

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[Signature]
STATE REGISTRAR

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

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