

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

A.P.N.: 1220-16-810-029  
File No: 131-2133388 (GB)

2004 APR 16 PM 12:30

When Recorded, Mail To:  
Judy A. Silveira  
955 Morning Star Ct.  
Gardnerville, NV. 89460

WERNER CHRISTEN  
RECORDER

\$15<sup>00</sup> PAID *BE* DEPUTY

### AFFIDAVIT - TERMINATING JOINT TENANCY


**Judy A. Silveira**, of legal age, being first duly sworn, deposes and says:

That **William Ramsey**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **William Ramsey** named as one of the parties in that certain **GBS Deed** dated **March 25, 2004** executed by **William Ramsey** to **William Ramsey, an unmarried man and Judy A. Silveira, a married woman as her sole and separate property** as joint tenants, recorded as Document No. **608490** on **March 26, 2004** in Book **0304, Page 12961** of Official Records of **Douglas** County, **Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

**LOT 29, IN BLOCK E, AS SAID LOT AND BLOCK ARE SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 4, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON APRIL 10, 1967, IN MAP BOOK 1, PAGE 055, AS FILING NO. 35941.**

*Judy A. Silveira* 4-15-04  
Judy A. Silveira Date

STATE OF **NEVADA** )  
 )  
 ) :SS.  
COUNTY OF **CARSON CITY** )

 **RISHELE L. THOMPSON**  
Notary Public - State of Nevada  
Appointment Recorded in Douglas County  
No: 99-54931-5 - Expires April 10, 2007

This instrument was acknowledged before me on 4/15/04 by \_\_\_\_\_

Judy A. Silveira  
*Rishele L. Thompson*  
Notary Public  
(My commission expires: 4/10/07 )

0610420  
BK 0404 PG 07774

**STATE OF NEVADA**  
**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

PRECEDENT

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

PARENTS

POSITION

CERTIFIER

CONDITIONS IF ANY

USE OF

LAST

USE OF

0610420

0404 PM 07775

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. <b>William RAMSEY</b>		2. <b>March 30, 2004</b>	3a. <b>Douglas</b>
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)
3b. <b>Gardnerville</b>		3c. <b>831 Tillman Lane</b>	3e. <b>Male</b>
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. <b>White</b>	6.	7a. <b>73</b>	8. <b>June 11, 1930</b>
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. <b>Kansas</b>	9b. <b>U.S.A.</b>	10. <b>9 Years</b>	11. <b>Legally Separated</b>
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY	
13. <b>-3785</b>	14a. <b>Roofer</b>	14b. <b>Roofing Industry</b>	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
15a. <b>Nevada</b>	15b. <b>Douglas</b>	15c. <b>Gardnerville</b>	15d. <b>831 Tillman Ln.</b>
INSIDE CITY LIMITS (Specify Yes or No)		15e. <b>Yes</b>	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. <b>William Ramsey</b>		17. <b>Viola Freeman</b>	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. <b>Judy Silveira - Daughter</b>		18b. <b>955 Morning Star Ct. Gardnerville, NV 89460</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State
19a. <b>Cremation</b>		19b. <b>FitzHenry's Crematory</b>	19c. <b>Carson City, Nevada</b>
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY
20a. <i>[Signature]</i>		20b. <b>217</b>	20c. <b>Home, 1380 Hwy 395, Gardnerville, NV 89410</b>
21a. In 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) <i>[Signature]</i>		(Signature and Title) <i>[Signature]</i>	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. <b>4/5/04</b>		22b. <b>0810</b>	
21c. <b>0810</b>		22c. <b>0810</b>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22d. <b>ON</b>	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. <b>Andrea L. Miller M.D., 1374 Bridle Way, Minden, NV 89423</b>		23b. <b>8912</b>	
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE	
24a. (Signature) <i>[Signature]</i>	24b. <b>April 6, 2004</b>	24c. 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) <b>Cardiopulmonary arrest</b>		Interval between onset and death	
(b) <b>emphysema</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 1.		AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
26. <b>No</b>		27. <b>No</b>	
ACC. SUICIDE HOM. UNDET. OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a.	28b.	28c. <b>M</b>	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. 264139

07116

CERTIFIED COPY OF VITAL RECORDS

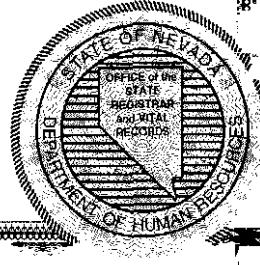
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

**APR 06 2004**

STATE REGISTRAR

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



*[Signature]*