

15'
REQUESTED BY
Edward Raymond
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

A.P.N.: 1221-06-001-042
File No: 142-2080645 (KM)

2004 APR 22 PM 3:13

✓ When Recorded, Mail To:
Edward Raymond
2039 Fish Springs Road
Gardnerville, NV 89410

WERNER CHRISTEN
RECORDER

\$ 15.00 PAID PR DEPUTY

AFFIDAVIT - TERMINATING JOINT TENANCY

Edward T. Raymond, Jr., of legal age, being first duly sworn, deposes and says:

That **Gloria Josephine Raymond**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Gloria J. Raymond** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **June 2, 1998** executed by **Ronald W. Brown, Trustee to Edward T. Raymond, Jr. and Gloria J. Raymond** as joint tenants, recorded as Document No. **0442141** on **June 16, 1998** in Book **0698, Page 3744** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

Lot 96, of FISH SPRINGS ESTATES, according to the map thereof, filed for record in the Office of the County Recorder of Douglas County, Nevada, on August 30, 1973, as Document No. 68451.

Edward T. Raymond, Jr. 4/22/04
Edward T. Raymond, Jr. Date

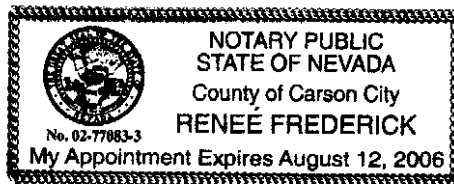
STATE OF **NEVADA**)
)
) :SS.
COUNTY OF **DOUGLAS**)

This instrument was acknowledged before me on
4/22/04 by

Edward T. Raymond Jr.

Renee Frederick
Notary Public

(My commission expires: 8/12/06)



0610930

BK0404PG10729

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

PARENTS

POSITION

CERTIFIER

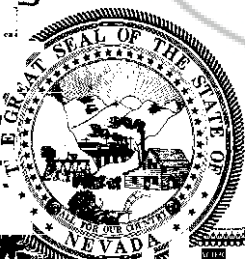
CONDITIONS IF ANY WHICH GAVE RISE TO DEATH

TO THE LYING IN PLACE LAST

USE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER		
DECEASED—NAME First Middle Last 1. Gloria Josephine Raymond			DATE OF DEATH (Month, Day, Year) 2. April 6, 2004		COUNTY OF DEATH 3a. Douglas
CITY, TOWN OR LOCATION OF DEATH 3b. Gardnerville		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) 3c. 2039 Fish Springs Rd.		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 66	UNDER 1 YEAR MOS. : DAYS 7b. : UNDER 1 DAY HOURS : MINS 7c. : DATE OF BIRTH (Mo., Day, Yr.) 8. December 5, 1937
STATE OF BIRTH (If not U.S.A., name country) 9a. Louisiana		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 16 Years	
SOCIAL SECURITY NUMBER 13. -9282		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Property Manager		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Gardnerville		DATE OF BIRTH (Mo., Day, Yr.) 12. Edward T. Raymond Jr.
FATHER—NAME First Middle Last 16. Anthony J. Segreto		MOTHER—MAIDEN NAME First Middle Last 17. Florence Howell		KIND OF BUSINESS OR INDUSTRY 14b. Real Estate	
INFORMANT—NAME (Type or Print) 18a. Edward T. Raymond Jr. - Husband			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 2039 Fish Springs Rd. Gardnerville, NV 89410		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Removal/Burial		CEMETERY OR CREMATORY—NAME 19b. Lake Lawn Metairie Cemetery		LOCATION City or Town State 19c. New Orleans, Louisiana	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 217		NAME AND ADDRESS OF FACILITY 20c. Home, 1380 Hwy 395, Gardnerville, NV 89410	
21a. DATE SIGNED (Mo., Day, Yr.) 4-8-04			21c. HOUR OF DEATH 0827		
21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Andrea L. Miller M.D., 1374 Bridle Way, Minden, NV 89423			21d.		
22a. 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> DATE SIGNED (Mo., Day, Yr.) 21b. 4-8-04			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.) 22b.		
21c. HOUR OF DEATH 21c. 0827			22c. HOUR OF DEATH 22c.		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. Andrea L. Miller M.D., 1374 Bridle Way, Minden, NV 89423			22d. PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON		
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Andrea L. Miller M.D., 1374 Bridle Way, Minden, NV 89423			22e. PRONOUNCED DEAD (Hour) 22e. AT		
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Andrea L. Miller M.D., 1374 Bridle Way, Minden, NV 89423			23b. LICENSE NUMBER 23b. 8912		
REGISTRAR 24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. April 9, 2004		DEATH DUE TO COMMUNICABLE DISEASE 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) respiratory arrest		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) breast cancer metastatic to brain		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
PART II (c) 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		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d.	
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		LOCATION. 28g.	STREET OR R.F.D. No. CITY OR TOWN STATE

06109330
0404 PM 1079N



STATE REGISTRAR

No. 264137

08077

CERTIFIED COPY OF VITAL RECORDS

[Signature]
STATE REGISTRAR

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 09 2004**

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

