

REQUESTED BY
FIRST AMERICAN TITLE CO.

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

A.P.N.: 1220-21-710-224
File No: 143-2131797 (MO)

2004 MAY -6 PM 3:57

When Recorded, Mail To:
Mary A. McGowan
P.O. Box 26464
Gardnerville, NV 89410

WERNER CHRISTEN
RECORDER

\$15⁰⁰ PAID *PC* DEPUTY

AFFIDAVIT - TERMINATING JOINT TENANCY

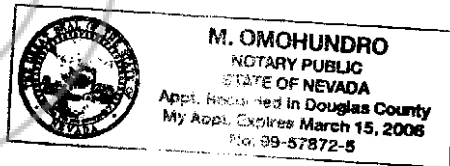
Mary A. McGowan, of legal age, being first duly sworn, deposes and says:

That **H. Lynn McGowan**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as named as one of the parties in that certain **Deed** dated **November 13, 2000** executed by **Robert A. Gunnoe and Marian E. Gunnoe** to **Mary A. McGowan and H. Lynn McGowan** as joint tenants, recorded as Document No. **0504155** on **November 30, 2000** in Book **1100** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

LOT 200, AS SHOWN ON THE MAP OF GARDNERVILLE RANCHOS UNIT NO. 7. FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON MARCH 27, 1974, AS DOCUMENT NO. 72456.

Mary A McGowan 4-23-04
Mary A McGowan Date

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



This instrument was acknowledged before me on
4/23/04 by

Mary A. McGowan
[Signature]
Notary Public
(My commission expires: 3/15/06)

0612431
BK0504PG02271

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	DECEASED—NAME First Middle Last 1. Harold Lynn McGOWAN	DATE OF DEATH (Month, Day, Year) 2. February 10, 2003	STATE FILE NUMBER 3a. Douglas			
TYPE OR PRINT IN PERMANENT BLACK INK	CITY, TOWN OR LOCATION OF DEATH 3b. Gardnerville		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 673 Bluerock Road	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Male			
	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. 67	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :	DATE OF BIRTH (Mo., Day, Yr.) 8. June 26, 1935
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country) 9a. California		CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 16 Years	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	SURVIVING SPOUSE (if wife, give maiden name) 12. Mary A. Hardaway	
	SOCIAL SECURITY NUMBER 13. ██████████ 8801		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Civil Engineer		KIND OF BUSINESS OR INDUSTRY 14b. Engineering		
PARENTS	RESIDENCE—STATE COUNTY 15a. Nevada Douglas		CITY, TOWN, OR LOCATION 15c. Gardnerville		STREET AND NUMBER 15d. 673 Bluerock Rd.		INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes
	FATHER—NAME First Middle Last 16. Harold W. McGowan			MOTHER—MAIDEN NAME First Middle Last 17. Grace Wanner			
DISPOSITION	INFORMANT—NAME (Type or Print) 18a. Mary A. McGowan - Wife			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 673 Bluerock Road, Gardnerville, NV 89460			
	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Truckee Meadows Crematory		LOCATION City or Town State 19c. Sparks, Nevada		
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. Carol P. Higgins		FUNERAL DIRECTOR LICENSE NUMBER 20b. 20		NAME AND ADDRESS OF FACILITY 20c. Nuptune Society of Nevada, 5401 Longley Lane, Suite 11, Reno, NV 89511		
CERTIFIER	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) Carol P. Higgins			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. Kathleen Tadich / 066			
	DATE SIGNED (Mo., Day, Yr.) 21b.		HOUR OF DEATH 21c.		DATE SIGNED (Mo., Day, Yr.) 22b. 2-10-03		HOUR OF DEATH 22c. 0715
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.			22d. ON 2-10-03		22e. AT 0715	
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Kathleen Tadich, Coroner P.O. Box 218 Minden, NV 89423					LICENSE NUMBER 23b. 066	
CAUSE OF DEATH	REGISTRAR 24a. (Signature) Christine Karpe		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. February 19, 2003		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) Constant with Myocardial Infarction		Interval between onset and death			
		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
	(b) Hypertension		Interval between onset and death				
	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		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	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

No.182381

STATE REGISTRAR

Yvonne Sylva

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

Date Issued: **FEB 19 2003 0612431**

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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