

2004 MAY 19 PM 12:32

WERNER CHRISTEN
RECORDER

\$ 15.00 PAID *KJ* DEPUTY

A.P.N.: 1420-07-610-004
File No: 142-2134514 (NMP)

When Recorded, Mail To:
Lu Ella Rogers
229 Gold Leaf Lane
Carson City, NV 89706

AFFIDAVIT - TERMINATING JOINT TENANCY

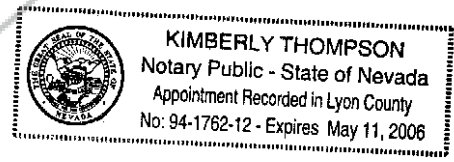
Lu Ella F. Rogers, of legal age, being first duly sworn, deposes and says:

That **William Guy Rogers**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **William G. Rogers** named as one of the parties in that certain **Individual Grant Deed** dated **October 11, 1993** executed by **Susan M. Keuper** to **Lu Ella Rogers and William G. Rogers** as joint tenants, recorded as Document No. **320838** on **October 22, 1993** in Book **1093** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

LOT 2 IN BLOCK A, AS SHOWN ON THE FINAL MAP OF SUNRIDGE HEIGHTS PHASE 1, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JUNE 11, 1993, AS DOCUMENT NO. 309550.

Lu Ella F. Rogers 5-17-04
Lu Ella F. Rogers Date

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



This instrument was acknowledged before me on 5-17-04 by

Lu Ella F. Rogers

[Signature]

Notary Public
(My commission expires: May 11, 2006)

0613553

BK0504PG08898

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. William Guy ROGERS	DATE OF DEATH (Month, Day, Year) 2. July 25, 2000	STATE FILE NUMBER COUNTY OF DEATH 3a. Douglas
DECEDENT	CITY, TOWN OR LOCATION OF DEATH 3b. Indians Hills	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 3562 Haystack Dr.	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. 70
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country) 9a. Montana	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 13
	SOCIAL SECURITY NUMBER 13. 0189	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired) 14a. Retired Grounds Keeper	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married
PARENTS	RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Indian Hills
	FATHER—NAME First Middle Last 16. Noel L. Rogers	MOTHER—MAIDEN NAME First Middle Last 17. Bertie Willis	STREET AND NUMBER 15d. 3562 Haystack Dr.
DISPOSITION	INFORMANT—NAME (Type or Print) 18a. Lu Ella Rogers - Wife	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 3562 Haystack Dr. Carson City, Nevada 89705	
	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation	CEMETERY OR CREMATORY—NAME 19b. Carson Sierra Crematory	LOCATION City or Town State 19c. Carson City Nevada
CERTIFIER	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>Jimmy B...</i>	FUNERAL DIRECTOR LICENSE NUMBER 20b. 9	NAME AND ADDRESS OF FACILITY 20c. Society 1614 N. Curry St. Carson City, NV. 89703
	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>	DATE SIGNED (Mo., Day, Yr.) 21b. 7/27/00	HOUR OF DEATH 21c. 1750
CAUSE OF DEATH	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.	PRONOUNCED DEAD (Mo., Day, Yr.) 22b. ON	PRONOUNCED DEAD (Hour) 22c. AT
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Michael Jones 1200 Mountain St. Carson City, Nevada 89703	LICENSE NUMBER 23b. 3257	REGISTRAR 24a. (Signature) <i>[Signature]</i>
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Adenocarcinoma Lung DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. July 27, 2000	DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	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.159822

STATE REGISTRAR

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

Date Issued: **JUL 27 2000**

Yvonne Sylvia

06 | 3553 State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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