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APN: 1220-04-514-019

REQUESTED BY
Gerald Madison Ltd
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 JUL 16 AM 11:38

WERNER CHRISTEN
RECORDER

\$ 15.00 PAID KR DEPUTY

**AFFIDAVIT IN SUPPORT OF
TERMINATION OF JOINT TENANCY**

Vickie J. Roberts, hereinafter, Affiant, upon being duly sworn, deposes and states that:

1. Affiant currently resides at 1303 Toler, Gardnerville, NV 89410.
2. Affiant is the wife of ROBERT E.M. ROBERTS, the joint tenant who is now deceased on the realty described as follows:

Lot 65, as shown on the Official Map of Carson Valley Estates Subdivision Unit No. 4, filed for record in the office of the Douglas County Recorder on April 22, 1972 in Book 98, Page 001, as Document No. 58312 Official Records.

3. The date and place of death of the deceased joint tenant is respectively; August 17, 2001, Douglas County, Nevada.
4. The joint tenancy was created by grant deed to Vickie J. Roberts and ROBERT E.M. ROBERTS on February 26, 1992.
5. This affidavit is made pursuant to NRS 111.365 "Recording affidavit of death of joint tenant or spouse holding community property with right of survivorship creates disputable presumption title vested in survivor; copy of affidavit to be sent to department of human resources."

Dated this 7 day of July 2004.

Vickie J. Roberts
Vickie J. Roberts

STATE OF NEVADA)
 :SS
CARSON CITY)

On this 7TH day of July 2004, before me, a Notary Public, personally appeared Vickie J. Roberts, known to me to be the person whose name is subscribed to this instrument, **Affidavit in Support of Termination of Joint Tenancy** and who acknowledged executing it. I declare under penalty of perjury that the person whose name is ascribed to this instrument appears to be of sound mind and is not under duress, fraud, or undue influence.

Gail Madison
NOTARY PUBLIC



Please return to: Gerald Madison, Ltd., 808 E. College Parkway, Ste. 102, Carson City, NV 89706

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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

20010010047

LOCAL FILE NUMBER		STATE FILE NUMBER				
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH			
1. Robert E.M. ROBERTS		2. August 17, 2001	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. Gardnerville		3c. 1303 Toler Lane	3e. 6	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. 70	7b. :	7c. :	8. August 26, 1930
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. California		9b. U.S.A.	10. 16	11. Married	12. Vickie Abrahamson	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)		KIND OF BUSINESS OR INDUSTRY		
13. 3346		14a. Investor		14b. 712 Real Estate		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)
15a. Nevada		15b. Douglas	15c. Gardnerville	15d. 1303 Toler Lane		15e. Yes
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last				
16. Weymouth Roberts		17. Genevieve Morse				
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)				
18a. Vickie J. Roberts - Wife		18b. P.O. Box 1680, Gardnerville, Nevada 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 in Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY			
20a. <i>[Signature]</i>		20b. 217	20c. Home, 1380 Hwy 395, Gardnerville, NV 89410 48			
21. Of the best of my knowledge, death occurred on the _____ day, _____ month, _____ year, at _____ (Signature and Title)		22a. On the basis of examination and/or investigation, in my opinion death occurred at the _____ day, _____ month, _____ year, at _____ (Signature and Title)				
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH
21b. 8/21/01		21c. 1620		22b.		22c.
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. Andrew H.K. Tang M.D., 1107 Hwy 395, Gardnerville, NV 89410		23b. 8365				
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE			
24a. <i>[Signature]</i>		24b. Aug 21, 2001	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) Cardiac pulmonary Arrest		N.L.				
(b) External Cause		Interval between onset and death				
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		Interval between onset and death				
PART II		AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)			
26. No		27. Yes				
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.		

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

PARENTS

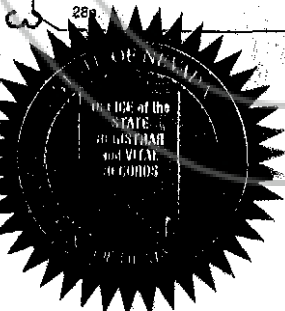
DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

01043
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0104PG00041



STATE REGISTRAR

[Signature]
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: DEC 21 2001 0618938 0618191 State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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No. 183753