

15-

REQUESTED BY
Beverly Meadows
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 JUL 27 AM 10:54

WERNER CHRISTEN
RECORDER

\$15.00 PAID KJ DEPUTY

1219.03-001-033

APN: 19-032-11
Recording requested by and mail documents and
tax statements to:

Name: BEVERLY B. MEADOWS

✓ Address: 215 Mott Ct.

City/State/Zip: GARDNERVILLE, NV. 89460

AFF111
Nevada Legal Forms & Books, Inc. (702) 870-8977
www.legalformsrus.com

AFFIDAVIT-TERMINATION OF JOINT TENANT

Death of a Joint Tenant

I, BEVERLY B. MEADOWS
the Affiant, being of legal age, and being first duly sworn, deposes and says:

That KENNETH R. MEADOWS
the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as, KENNETH R. MEADOWS

named as one of the parties in that certain GRANT, BARGAIN, SALE DEED
dated on the 21st day of JUNE, 1989, and executed by ROY PENWELL
AND MARY PENWELL

known as Grantor(s), to BEVERLY B. MEADOW AND KENNETH R. MEADOWS
known as Grantees, as joint tenants, and recorded as instrument number 207115

on the 21st day of JULY, 89, in Book 189 PAGE 2323 of Official Records
of DOUGLAS County, Nevada, covering the following described property situated
in the City of GARDNERVILLE, NEVADA, County of DOUGLAS, State
of Nevada. (Set forth legal description and commonly known street address, if known) PANEL D-2, AS

SHOWN ON THAT CERTAIN PARCEL MAP FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER
OF DOUGLAS COUNTY, NEVADA, ON SEPTEMBER 19, 1983, AS DOCUMENT No. 8378.

In Witness Whereof, I/We have hereunto set my/our hand(s) this 27th day of JULY, 20 04.

Beverly B. Meadows
Signature

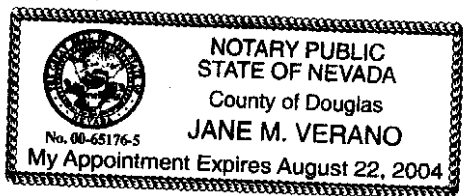
Signature

BEVERLY B. MEADOWS
Print or type name here

Print or type name here

STATE OF NEVADA)
COUNTY OF DOUGLAS)
On this 27th day of JULY, 20 04, personally appeared before me, a
Notary Public BEVERLY B. MEADOWS
personally known to me to be the person(s) whose name(s) is subscribed to the above instrument who
acknowledged that s he executed this instrument. Witness my hand and official seal.

Jane M. Verano
Notary Public
My Commission Expires: 8/22/2004



Consult an attorney if you doubt this forms fitness for your purpose.

0619875

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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

2000 0012134

TYPE
OR PRINT
IN
PERMANENT
BLACK INK

DECEDENT

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

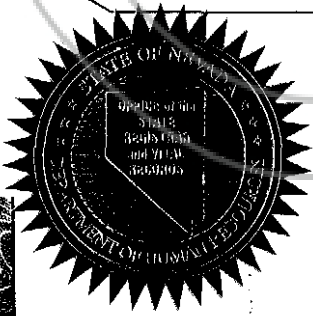
PARENTS

DISPOSITION

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LASTCAUSE OF
DEATH

LOCAL FILE NUMBER			DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)			STATE FILE NUMBER				
1. Kenneth MEADOWS			2. October 21, 2000			3a. Carson City			COUNTY OF DEATH				
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. Carson City			3c. Carson-Tahoe Hospital			3e. Inpatient			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. 71		7b.		7c.		8. June 22, 1929	
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. Michigan			9b. U.S.A.		10. 12		11. Married		12. Beverly Bradeen				
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)			KIND OF BUSINESS OR INDUSTRY							
13. 4497			14a. Engineer			14b. 352 Aircraft							
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)					
15a. Nevada		15b. Douglas		15c. Gardnerville		15d. 215 Mott Ct.		15e. Yes					
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last										
16. Ralph Meadows			17. Cleo Munshower										
INFORMANT—NAME (Type or Print)				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)									
18a. Beverly Meadows, Wife				18b. 215 Mott Ct. Gardnerville, Nevada 89410									
BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME			LOCATION City or Town State							
19a. Burial			19b. Eastside Memorial Park			19c. Minden Nevada							
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)			FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY								
20a. [Signature]			20b. 215		20c. Home. 1380 Hwy 395 Gardnerville, NV. 89410 48								
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.			21b. DATE SIGNED (Mo., Day, Yr.)			21c. HOUR OF DEATH			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]			[Signature and Title]			[Signature and Title]							
21b. 10-23-00			21c. 0405			22b. DATE SIGNED (Mo., Day, Yr.)			22c. HOUR OF DEATH				
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			21d.			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. Bryan L. Ricks, MD 911 Mountain St. Carson City, Nevada 89703									23b. 9435				
REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			DEATH DUE TO COMMUNICABLE DISEASE							
24a. [Signature]			24b. Oct 23, 2000			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) CVA												Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:												Interval between onset and death	
(b) BRAIN TUMOR (GLIOBLASTOMA MULTIFORME)												Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:												Interval between onset and death	
(c)												Interval between onset and death	
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. 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.									



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: MAR 26 2002 0619875

State Registrar

Sylvia

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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No.169078