

REQUESTED BY  
Nancy Rey Jackson  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2004 JUL 30 AM 9:58

WERNER CHRISTEN  
RECORDER

s/16 <sup>of</sup> PAID KJ DEPUTY

APN# 1221-05-001-069

**Recording Requested by:**

Name Nancy Rey Jackson, Ltd. for Marilyn Waller

Address 1591 Mono Avenue

City/State/Zip Minden, NV 89423

AFFIDAVIT OF TERMINATION OF JOINT TENANT  
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2.  
(Additional recording fee applies)

This cover page must be typed or printed.

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APN: 1221-05-001-069

When Recorded Return and Mail Tax Statements To:

Marilyn O. Waller

P. O. Box 1563

Gardnerville, NV 89410

**AFFIDAVIT OF TERMINATION OF JOINT TENANT**

STATE OF NEVADA        )  
  ) ss.  
COUNTY OF DOUGLAS    )

MARILYN O. WALLER, of legal age, being duly sworn, deposes and says:

1. That RICHARD HAROLD WALLER, the decedent mentioned in the attached certified copy of certificate of death, was, until his death, and is the same person as RICHARD HAROLD WALLER, named as one of the parties in that certain deed by and between RICHARD HAROLD WALLER and MARILYN O. WALLER, his wife, as joint tenants, of official records of Douglas County, State of Nevada, concerning the real property situate in the County of Douglas, State of Nevada, described as follows:

LOT 40 AS SHOWN ON THE OFFICIAL MAP OF FISH SPRINGS ESTATES, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON AUGUST 30, 1973 AS DOCUMENT NO. 68451.

2. That this affidavit is executed and recorded for the purposes of terminating the interest of said RICHARD HAROLD WALLER in and to the hereinabove-described real property.

Dated this 1<sup>st</sup> day of June, 2004.

*Marilyn O. Waller*  
MARILYN O. WALLER

On this 1<sup>st</sup> day of June, 2004, personally appeared before me, a Notary Public, Marilyn O. Waller, personally known or proved to me to be the person whose name is subscribed to the above instrument and who acknowledged that she executed the above instrument.

*[Signature]*  
NOTARY PUBLIC



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CERTIFICATION OF VITAL RECORD

"VERIFICATION BOX" (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

STATE OF ARIZONA

ORIGINAL STATE COPY

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS CERTIFICATE OF DEATH

DEATH NO. D 102-

1. NAME OF DECEASED A. FIRST: RICHARD B. MIDDLE: HAROLD C. LAST: WALLER			2. SEX: MALE	DATE OF DEATH: FEBRUARY 29, 2004		
4A. RACE: WHITE		B. WAS DECEDENT OF HISPANIC ORIGIN: NO		C. IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.		D. WAS DECEASED EVER IN U.S. ARMED FORCES? NO
6A. PLACE OF DEATH: PINAL		B. TOWN OR CITY: APACHE JUNCTION		C. HOSPITAL OR INSTITUTION: 2325 WEST VIRGINIA STREET #56		D. DOA, OP EMER, IN PATIENT
7. DATE OF BIRTH: JANUARY 2, 1932		AGE (YEARS LAST BIRTHDAY): 72		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): MARILYN O. PETERSON
11. STATE AND CITY OF BIRTH: SAN ANTONIO, TEXAS		CITIZEN OF WHAT COUNTRY?: USA		SOCIAL SECURITY NO.: [REDACTED] 1255		USUAL OCCUPATION (Give kind of work done most of working life, even if retired): SALES
15. USUAL RESIDENCE: NEVADA DOUGLAS		C. TOWN OR CITY: GARDNERVILLE		D. ZIP CODE: 89410		HOW LONG IN ARIZONA?: 30 DAYS
16. STREET ADDRESS OF RFD: 1330 CAL CT.		INSIDE CITY LIMITS? NO		ON RESERVATION (SPECIFY Yes or No): NO		PREVIOUS STATE OF RESIDENCE
19. FATHER'S NAME: RICHARD HAROLD WALLER, SR.			MOTHER'S MAIDEN NAME: GLADYS HELMAR			
21. INFORMANT'S SIGNATURE: MARILYN O. WALLER			RELATIONSHIP TO DECEASED: WIFE			STREET NO. CITY AND STATE ZIP CODE: 1330 CAL CT., GARDNERVILLE, NEVADA 89410
23. REMOVAL/BURIAL CREATION: REMOVAL/BUR		DATE: 3-3-2004		CEMETERY OR PLACE OF BURIAL: EAST SIDE MEMORIAL PARK		DECEASED'S SIGNATURE: BARBARA MCGRATH
24. FUNERAL HOME: WHITNEY & MURPHY ARCADIA FUNERAL HOME		ADDRESS: 4800 EAST INDIAN SCHOOL ROAD, PHOENIX, ARIZONA 85018		FUNERAL HOME'S SIGNATURE: BARBARA MCGRATH		DECEASED'S SIGNATURE: BARBARA MCGRATH
30. SIGNATURE OF CERTIFYING PHYSICIAN ONLY		DATE SIGNED (Mo., Day, Year)		HOUR OF DEATH		LABOR OF DEATH
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		32. DATE SIGNED (Mo., Day, Year)		33. ON FEBRUARY 29, 2004		34. PHONOUNCED DEAD (Mo., Day, Year): 0934
39. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY: ALEX X. ZHANG, MD, 701 W. JEFFERSON ST., PHOENIX, AZ 85007			40. AUTHORIZED FOR CREATION (SPECIFY Yes or No): NO			41. MEDICAL EXAMINER'S SIGNATURE
42. DATE REGISTERED: 3/11/04		43. REG FILE NO: 172		44. REGISTERER'S SIGNATURE: Robert Franco		45. REG DISTRICT: 101
47. SEQUENTIAL LIST OF CONDITIONS LEADING TO DEATH		PART I. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE): ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I				
		PART III. MANNER OF DEATH				
48. MANNER OF DEATH: NATURAL CAUSES		49. DATE OF INJURY: MO. DAY YR. HOUR		50. INJURY AT WORK? (Specify Yes or No)		51. DESCRIBE HOW INJURY OCCURRED
52. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		53. WHERE LOCATED?		54. STREET ADDRESS		55. CITY OR TOWN STATE
56. SUPPLEMENTARY ENTRIES		57.				

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

RICHARD S. PORTER ASSISTANT STATE REGISTRAR

Arizona Department of Health Services

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR FRASURE VOIDS THIS DOCUMENT

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