

A.P.N.: 1320-29-119-033
File No: 143-2155175 (MO)

When Recorded, Mail To:
Stephenson
4654 Linden Trail North
Lake Elmo, BN 55042

REQUESTED BY
FIRST AMERICAN TITLE CO.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 AUG 26 PH 1:16

WERNER CHRISTEN
RECORDER
s. He PAID BL DEPUTY

AFFIDAVIT - TERMINATING JOINT TENANCY

Cathryn A. Stephenson, of legal age, being first duly sworn, deposes and says:

That **George C. Stephenson**, 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 **Grant, Bargain and Sale Deed** dated **December 13, 1999** executed by **Western Nevada Properties, Inc.** to **George C. Stephenson and Cathryn A. Stephenson, husband and wife** as joint tenants, recorded as Document No. **0483737** on **January 3, 2000** in Book **0100** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

PARCEL 1:

UNIT 397 AS SHOWN ON THE FINAL MAP NO. 1008-9 FOR WINHAVEN, UNIT NO. 9, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON JULY 8, 1999, IN BOOK 799 OF OFFICIAL RECORDS AT PAGE 1253, AS DOCUMENT NO. 472099.

PARCEL 2:

A NON-EXCLUSIVE EASEMENT FOR USE, ENJOYMENT INGRESS AND EGRESS OVER THE COMMON AREA AS SET FORTH IN DECLARATION OF COVENANTS CONDITIONS AND RESTRICTIONS RECORDED SEPTEMBER 28, 1990, IN BOOK 990, PAGE 4348, AS DOCUMENT NO. 235644, OFFICIAL RECORDS.

Cathryn A. Stephenson 6.21.04
Cathryn A. Stephenson Date

0622584

BK0804PG11258

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



This instrument was acknowledged before me on
6/21/04 by

Cathryn A. Stephenson

Heather Manoukian

Notary Public

(My commission expires: 3-15-2006)

COOPER

0622584

BK0804PG11259

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

STATE FILE NUMBER

DECEASED—NAME First Middle Last DATE OF DEATH (Month, Day, Year) COUNTY OF DEATH

1. George C. STEPHENSON, Jr. 2 April 5, 2004 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. SEX

3b. Minden 3c. 1033 Pinion Pine Dr. 3e. Male

RACE—(e.g., White, Black, American Indian, etc.) (Specify) Was Decedent of Hispanic Origin? Specify yes 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. X 7a. 69 7b. : 7c. : 8 July 10, 1934

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 SURVIVING SPOUSE (If wife, give maiden name)

9a. Pennsylvania 9b. USA 10. 12 + 4 11. Married 12. Darrington

SOCIAL SECURITY NUMBER USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) KIND OF BUSINESS OR INDUSTRY

13. -3066 14a. Police Captain 14b. Law Enforcement

RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION STREET AND NUMBER INSIDE CITY LIMITS (Specify Yes or No)

15a. Nevada 15b. Douglas 15c. Minden 15d. 1033 Pinion Pine 15e. Yes

FATHER—NAME First Middle Last MOTHER—MAIDEN NAME First Middle Last

16. George C. Stephenson 17. Neil Stewart Zang

INFORMANT—NAME (Type or Print) MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)

18a. Cathryn Stephenson 18b. 1033 Pinion Pine Dr., Minden, Nevada 89423

BURIAL, CREMATION, REMOVAL, OTHER (Specify) CEMETERY OR CREMATORY—NAME LOCATION City or Town State

19a. Cremation 19b. Walton's Sierra Crematory 19c. Carson City, Nevada

FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) FUNERAL DIRECTOR LICENSE NUMBER NAME AND ADDRESS OF FACILITY

20a. [Signature] 20b. 09 20c. 1478 4th St Minden, Nevada 89423

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 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) DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH (Signature and Title) DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH

21b. 21c. 22b. 06-30-04 22c. 0800

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour)

21d. 22d. ON 04-05-04 22e. AT 0800

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) LICENSE NUMBER

2 Mike Biaggini, Dep. Cor PO Box 218 Minden, Nevada 89423 23b. 141

REGISTRAR DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE

24a. [Signature] 24b. July 1, 2004 24c. YES NO

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Interval between onset and death

PART I (a) OVERDOSE OF HYDROCONE IN COMBINATION WITH ETHANOL Interval between onset and death

(b) Interval between onset and death

(c) 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) WAS CASE REFERRED TO CORONER (Specify Yes or No)

26. Yes 27. Yes

ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED

28a. Undetermined 28b. 04-05-04 28c. 0800 M 28d. DIED IN SLEEP / RES. OVERDOSE

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. No 28f. Home 28g. 1033 PINION PINE DRIVE, MINDEN, NV.

STATE REGISTRAR

No.230517

10249

CERTIFIED COPY OF VITAL RECORDS

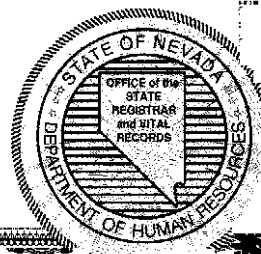
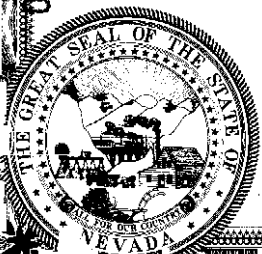
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

[Signature: Yvonne Sylva]

DATE ISSUED: JUL 0 1 2004

STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



TYPE OR PRINT IN PERMANENT BLACK INK
CEDENT
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF VITAL RECORDS
MENTS
POSITION
CERTIFIER
CONDITIONS ANY HAVE
PLEASE TO IMMEDIATE CAUSE
THING THE UNDERLYING CAUSE LAST
USE OF
EATH
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