

16-

REQUESTED BY
Margaret Shearer
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

2004 SEP -2 PM 4:27

WERNER CHRISTEN
RECORDER

\$16.00 PAID BK DEPUTY

APN: 1300-30-211-037
Recording requested by and mail documents and
tax statements to:

✓ Name: MARGARET SHEARER
Address: 1758 FIR TREE CIRCLE
City/State/Zip: MINDEN NV 89423

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

AFFIDAVIT-TERMINATION OF JOINT TENANT

Death of a Joint Tenant

I, MARGARET A SHEARER
the Affiant, being of legal age, and being first duly sworn, deposes and says:

That MICHAEL A SHEARER
the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as,

MICHAEL ALAN SHEARER
named as one of the parties in that certain DEED

dated on the 31st day of MAY, 2000, and executed by MICHAEL A
+ MARGARET A SHEARER

known as Grantor(s), to MICHAEL ALAN SHEARER + MARGARET ANN SHEARER
known as Grantees, as joint tenants, and recorded as instrument number 0543503

on the 31st day of MAY, 2002, in Book 0502 of Official Records
of Douglas County, Nevada, covering the following described property situated

in the City of MINDEN County of DOUGLAS, State
of Nevada. (Set forth legal description and commonly known street address, if known)

see exhibit A

1758 FIR TREE CIRCLE

In Witness Whereof, I/We have hereunto set my/our hand(s) this 2 day of September, 2004.

Margaret A Shearer
Signature

Signature

MARGARET A SHEARER
Print or type name here

Print or type name here

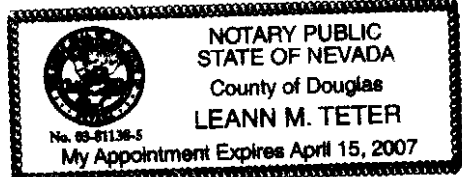
STATE OF NEVADA)
COUNTY OF Douglas)

On this 2nd day of SEPT., 2004, personally appeared before me, a
Notary Public Margaret A Shearer
personally known to me to be the person(s) whose name(e) is subscribed to the above instrument who
acknowledged that he executed this instrument. Witness my hand and official seal.

Leann M Teter
Notary Public

My Commission Expires: April 15, 2007

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



0623322

BK0904PG01066

✓ Nancy Ray Jackson
1591 Mono Av
Minden NV 89423

4

1320-3-211-037
APN ~~17-353-02~~
When Recorded Return and Mail Tax Statements To:
Michael and Margaret Shearer
1758 Fir Tree Circle
Minden, NV 89423

R.P.T.T. \$ 8 QUITCLAIM DEED

THIS INDENTURE made the 19th day of March, 2002, by and between MICHAEL ALAN SHEARER and MARGARET ANN SHEARER, husband and wife as joint tenants with rights of survivorship, the parties of the first part, and, MICHAEL A. SHEARER and MARGARET A. SHEARER, as trustees of the MICHAEL A. SHEARER and MARGARET A. SHEARER FAMILY TRUST dated March 19, 2002, the parties of the second part,

WITNESSETH that MICHAEL ALAN SHEARER and MARGARET ANN SHEARER hereby transfer title to the MICHAEL ALAN SHEARER and MARGARET ANN SHEARER FAMILY TRUST dated March 19, 2002, and do by these presents quitclaim unto the trust, and to its trustees and assigns forever,

All that certain lot, piece or parcel of land situate in the county of Douglas, State of Nevada, described as follows:

- Exhibit A -

LOT 2, IN BLOCK E, AS SHOWN ON THE OFFICIAL MAP OF WESTWOOD VILLAGE UNIT NO. 1, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON OCTOBER 5, 1979, IN BOOK 1079, PAGE 440. DOCUMENTS NO. 37417.

More commonly known as 1758 Fir Tree Circle, Minden, Nevada 89423

Together with the tenements, hereditaments, and appurtenances thereunto belonging or anyway appertaining, and the reversion and reversions, remainder and remainders, rents, issues, and profits thereof.

To have and to hold the said premises, together with the appurtenances, unto the party of the second part, and to his heirs and assigns forever.

IN WITNESS WHEREOF the parties of the first part have executed this conveyance the day and the year first above written.

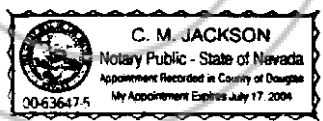
Michael Alan Shearer
MICHAEL ALAN SHEARER

Margaret Ann Shearer
MARGARET ANN SHEARER

STATE OF NEVADA)
)§
COUNTY OF DOUGLAS)

On this 19th day of March, 2002, personally appeared before me, a Notary Public, Michael Alan Shearer and Margaret Ann Shearer, personally known or proved to me to be the person whose names are subscribed to the above instrument and who acknowledged that they executed the above instrument.

[Signature]
NOTARY PUBLIC



REQUESTED BY
Nancy Ray Jackson
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

2002 MAY 31 AM 11:16

LINDA BLAIR
RECORDER
\$14.50 PAID

0623322

0543505

BK 0502 PG 10090

BK 0904 PG 01067

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH
STATE OF NEVADA DEPARTMENT OF HUMAN RESOURCES
VITAL STATISTICS

**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)	
1. Michael Alan SHEARER		2. December 29, 2003	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Minden		3a. Douglas	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		SEX	
3c. 1758 Fir Tree Circle		4. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		8. July 7, 1940	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
6.		11. Married	
AGE—Last Birthday (Years)		SURVIVING SPOUSE (If wife, give maiden name)	
7a. 63		12. Margaret Leis	
CITIZEN OF WHAT COUNTRY		KIND OF BUSINESS OR INDUSTRY	
9a. U.S.A.		14b. Phone Company	
Decedent's Education, Specify highest grade completed.		STREET AND NUMBER	
10. 14		15d. 1758 Fir Tree Cir	
STATE OF BIRTH (If not U.S.A., name country)		INSIDE CITY LIMITS (Specify Yes or No)	
9a. Oklahoma		15e. Yes	
SOCIAL SECURITY NUMBER		CITY, TOWN, OR LOCATION	
13. ██████████ 9811		15c. Minden	
RESIDENCE—STATE COUNTY		FATHER—NAME First Middle Last	
15a. Nevada 15b. Douglas		16. Albert J. Shearer	
MOTHER—MAIDEN NAME First Middle Last		17. Glenys Struth	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Margaret Shearer - Wife		18b. 1758 Fir Tree Circle, Minden, NV 89423	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. FitzHenry's Crematory	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting As Such)		LOCATION City or Town State	
20a. <i>[Signature]</i>		19c. Carson City, Nevada	
FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20b. 217		20c. Funeral Home, 1380 Hwy 395, Gardnerville, NV 89411	
To be completed by CERTIFYING PHYSICIAN		To be completed by Coroner's Office	
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)		(Signature and Title)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 11/1/04		22b. 11/1/04	
HOUR OF DEATH		HOUR OF DEATH	
21c. 2315		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		PRONOUNCED DEAD (Hour)	
23a. Gary Abrass, M.D., 85 Kirman Ave. #401, Reno, NV 89502		22e. AT	
REGISTRAR		LICENSE NUMBER	
24a. <i>[Signature]</i>		23b. 3747	
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
24b. January 6, 2004		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) Metastatic Colon Cancer		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)	
26. no		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
27. yes			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a.		28b.	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c.		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e.		28f.	
LOCATION		STREET OR R.F.D. No.	
28g.		CITY OR TOWN	
		STATE	

STATE REGISTRAR

No. 246309

10139

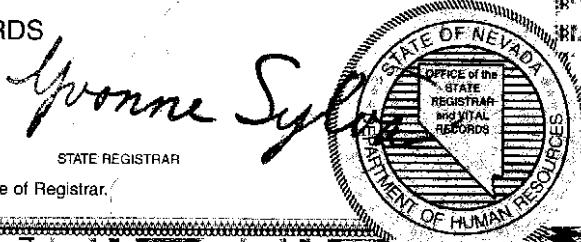
CERTIFIED COPY OF VITAL RECORDS

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.

DATE ISSUED: JAN 12 2004

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

STATE REGISTRAR



BK 0904 PG 01068
 0623322

