

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

A.P.N.: 1320-02-001-082
File No: 132-2172766 (IC)

2004 NOV 12 PM 4:08

When Recorded, Mail To:
William H. Johnston
~~1055~~ 781 Las Olas Dr
Aptos, Ca. 95003

WERNER CHRISTEN
RECORDER

\$ 15.00 PAID 12 DEPUTY

AFFIDAVIT - TERMINATING JOINT TENANCY

William H. Johnston, of legal age, being first duly sworn, deposes and says:

That **E. Anne Johnston**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **E. Anne Johnston** named as one of the parties in that certain **Grant Deed** dated **January 3, 1961** executed by **James R. Yowell and Gladys L. Yowell** to **William H. Johnston and E. Anne Johnston** as joint tenants, recorded as Document No. **17136** on **January 10, 1961** in **Book 4, Page 795** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

LOT 4, AS SHOWN ON THE MAP OF PIONEER HEIGHTS UNIT 1, FILE FOR RECORD IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER ON MARCH 13, 1961 AS DOCUMENT NO. 17360, OFFICIAL RECORDS.

William H. Johnston 11-10-04
Date
William H. Johnston

STATE OF California)
COUNTY OF Santa Cruz) :ss.

This instrument was acknowledged before me on 11-10-04 by

William H. Johnston
S. Hasty
Notary Public
(My commission expires: 12-11-05)



0629127

BK 1104 PG 06161

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SANTA CRUZ
SANTA CRUZ, CALIFORNIA

CERTIFICATE OF DEATH

3-2002-44-000628
LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) E.		2. MIDDLE ANNE		3. LAST (FAMILY) JOHNSTON	
4. DATE OF BIRTH M/M/D/D/CCYY 11/08/1922		5. AGE YRS. 79		6. SEX FEMALE	
7. DATE OF DEATH M/M/D/D/CCYY 05/17/2002		8. HOUR 2158			
9. STATE OF BIRTH CALIFORNIA		10. SOCIAL SECURITY NO. ██████-6264		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS MARRIED		13. EDUCATION—YEARS COMPLETED 13			
14. RACE CAUCASIAN		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER SELF-EMPLOYED	
17. OCCUPATION HOMEMAKER		18. KIND OF BUSINESS HOMEMAKING		19. YEARS IN OCCUPATION 50	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 781 LAS OLAS DR.					
21. CITY APTOS		22. COUNTY SANTA CRUZ		23. ZIP CODE 95003	
24. YRS IN COUNTY 23		25. STATE OR FOREIGN COUNTRY CALIFORNIA			
26. NAME, RELATIONSHIP WILLIAM H. JOHNSTON HUSBAND		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 781 LAS OLAS DR. APTOS, CA, 95003			
28. NAME OF SURVIVING SPOUSE—FIRST WILLIAM		29. MIDDLE H		30. LAST (MAIDEN NAME) JOHNSTON	
31. NAME OF FATHER—FIRST ROBERT		32. MIDDLE P.		33. LAST WILLIAMS	
34. BIRTH STATE WV		35. NAME OF MOTHER—FIRST ELSIE		36. MIDDLE A.	
37. LAST (MAIDEN) STAIB		38. BIRTH STATE WV			
39. DATE M/M/D/D/CCYY 05/23/2002		40. PLACE OF FINAL DISPOSITION HUSBAND'S RESIDENCE: 781 LAS OLAS DR. APTOS, CA.			
41. TYPE OF DISPOSITION(S) CREMATION-RESIDENCE		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR PACIFIC GARDENS CHAPEL		45. LICENSE NO. FD 799		46. SIGNATURE OF LOCAL REGISTRAR <i>Paul H. Morris MD</i>	
47. DATE M/M/D/D/CCYY 05/22/2002					
101. PLACE OF DEATH RESIDENCE		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER	
104. COUNTY SANTA CRUZ		105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 781 LAS OLAS DR.			
106. CITY APTOS					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
IMMEDIATE CAUSE (A) CONGESTIVE HEART FAILURE		MONTHS			
DUE TO (B) HYPERTENSION		YEARS		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C)				110. AUTOPEY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)				111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 ATRIAL FIBRILLATION, ANEMIA					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE / DECEDENT LAST BEEN ALIVE M/M/D/D/CCYY M/M/D/D/CCYY 02/--/2002 05/08/2002		115. SIGNATURE AND TITLE OF CERTIFIER <i>W Morris MD</i>		116. LICENSE NO. G 077167	
117. DATE M/M/D/D/CCYY 05/21/2002		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP W MORRIS MD 1595 SOQUEL DR SANTA CRUZ CA 95065			
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE M/M/D/D/CCYY	
122. HOUR		123. PLACE OF INJURY			
124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)					
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE M/M/D/D/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. #		CENSUS TRACT	
		000622			

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0629127

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STATE OF CALIFORNIA }
COUNTY OF SANTA CRUZ } SS
CERTIFIED COPY OF VITAL RECORDS
DATE ISSUED

MAY 23 2002

This is a true and exact reproduction of the document officially registered and placed on file in the Vital-Records Section, Santa Cruz County Public Health Department.

David R. McHatt, MD
CHIEF PUBLIC HEALTH OFFICER
SANTA CRUZ, CALIFORNIA

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

