

Parcel # 1022-32-110-018

REQUESTED BY
Leonard Kelsey
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

2004 NOV 17 AM 9:29

WERNER CHRISTEN
RECORDER

\$ 15.00 PAID K2 DEPUTY

Affidavit

TERMINATION OF JOINT TENANCY

(Death of a Joint tenant)

Leonard C. Kelsey of legal age, being first duly sworn, deposes and says:
That, **Frank Leonard Kelsey**, the decedent mentioned in the attached certified copy of, Certificate of Death, is the same person as **Frank L. Kelsey** named as one of the parties in that certain **Joint Tenancy Deed** dated **August 19, 1963** executed by **Lamatrice & Farber, Inc. a Nevada Corporation** to **Frank L. Kelsey and Barbara A. Kelsey, Husband and wife** recorded In Book **19** Page **90** of Official Records of Douglas Co. NV

LEGAL DESCRIPTION

Lot 51, as shown on the map of Topaz Subdivision filed in the office of the Recorder of Douglas County, Nevada, on August 10, 1954

GRANTEES ADDRESS: **3690 Olive St. Santa Ynez, CA 93460**

Witness the hand of said grantor, this 17 day of NOV 2004.

State of Nevada

County of Douglas

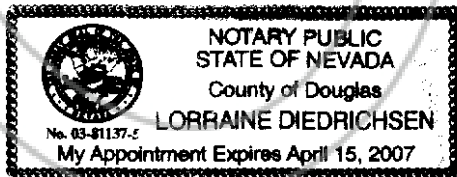
Leonard C Kelsey
LEONARD C KELSEY

On 11-17-2004
Date

before me Lorraine Diedrichsen, notary public
Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared Leonard Kelsey
Name of Signer

personally known to me - OR proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.



WITNESS my hand and official seal.
Lorraine Diedrichsen
Signature of Notary Public

LEONARD KELSEY
P.O. Box 610
SANTA YNEZ CA 93460

0629505
BK 1104 PG 08193

CERTIFICATION OF VITAL RECORD

218640
I.D. TAG NO.
114
Local File Number

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION
CENTER FOR HEALTH STATISTICS
CERTIFICATE OF DEATH

136-
State File Number

DECEDENT
1
2
3
4
5
6
PARENTS
DISPOSITION
7
8
9
REGISTRAR

1. DECEDENT'S NAME Frank Leonard KELSEY			2. SEX Male	3. DATE OF DEATH (Month, Day, Year) June 25, 1997	
4. SOCIAL SECURITY NUMBER 3313	5a. AGE-Last Birthday (Years) 80	5b. Under 1 Year Mos. Days Hours Mins.	5c. Under 1 Day Hours Mins.	6. BIRTHPLACE (City and State or Foreign Country) Winnemucca, NV	7. DATE OF BIRTH (Month, Day, Year) Sept. 11, 1916
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) 17023 Ferry Creek Heights		9c. CITY, TOWN, OR LOCATION OF DEATH Brookings		9d. COUNTY OF DEATH Curry	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Auto Dealer		10b. KIND OF BUSINESS/INDUSTRY Transportation		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	12. SPOUSE (If Married, Widowed) Barbara Rausch
13a. RESIDENCE - STATE Gardnerville	13b. COUNTY	13c. CITY, TOWN OR LOCATION Nevada		13d. STREET AND NUMBER 2025 Masonic Dr.	
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE American Indian, Black, White, etc. (Specify) White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 2
17. FATHER - NAME first middle last Frank Leroy Kelsey		18. MOTHER - NAME first middle maiden Edna Rosavere		19. INFORMANT - NAME and relationship to deceased Frank Kelsey, Son	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Mausoleum <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Oak Hill Cemetery		20c. LOCATION - City or Town, State Santa Ynez, CA	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Wes Scantlin</i>		21b. LICENSE NUMBER (Of Licensee) CO-3556	22. NAME, ADDRESS AND ZIP OF FACILITY Scantlin's Brookings Mortuary Chapel POB 7166, Brookings, OR 97415		
23. DATE FILED (Month, Day, Year) July 7, 1997		24. REGISTRAR'S SIGNATURE <i>Shonda Starbuck</i>			
25. DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A				26. WAS GIFT MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	

10
11
CERTIFIER
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14
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST
15
16
17
CAUSE OF DEATH

TO BE COMPLETED BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER			
27. TIME OF DEATH 0327	28. WAS MEDICAL EXAMINER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	31a. TIME OF DEATH M	31b. DATE PRONOUNCED DEAD (Month, Day, Year, Hour) M		
29. To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>		32. On the basis of examination and/or investigation, in my opinion death occurred at the time, date, place and due to the cause(s) and manner stated. (Signature) <i>[Signature]</i>			
30. DATE SIGNED (Month, Day, Year) 7/11/97		33. DATE SIGNED (Month, Day, Year) COUNTY			
34. NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER (Type or Print) Randal Garcia, MD 446 Oak Street, Brookings, OR 97415					
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest.)					
PART I (a) ASCURS		Interval between onset and death 15 mins			
(b) WIDOM		Interval between onset and death 15 mins			
(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. HTN		37. Did tobacco use contribute to the death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	38. AUTOPSY <input type="checkbox"/> Yes <input type="checkbox"/> No	39. If YES were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Legal Intervention <input type="checkbox"/> Homicide <input type="checkbox"/> Other		41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY M <input type="checkbox"/> Yes <input type="checkbox"/> No	41c. INJURY AT WORK?	41d. DESCRIBE HOW INJURY OCCURRED
41e. PLACE OF INJURY - At home, farm, street, factory, office building etc. (Specify)		41f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

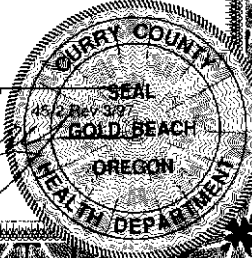
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ORIGINAL-VITAL STATISTICS COPY

DATE ISSUED: *July 14, 1997*

COUNTY REGISTRAR
CURRY COUNTY, OREGON



0629505 BK 1104 PG 08194

