

Parcel # 1022-32-110-018

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

2004 NOV 17 AM 9:32

WERNER CHRISTEN
RECORDER

\$15⁰⁰ PAID Kj 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, **Barbara Ann Kelsey**, the decedent mentioned in the attached certified copy of, Certificate of Death, is the same person as **Barbara Ann Kelsey** named as one of the parties in that certain **Joint Tenancy Deed** dated 11-17-2004 executed by **Barbara Ann Kelsey** to **Leonard Charles Kelsey, Edna Ann Almond, Frank Leroy Kelsey as tenants in common and Barbara Ann Kelsey as joint tenants with right of survivorship** recorded In Book 1104 Page 8195 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

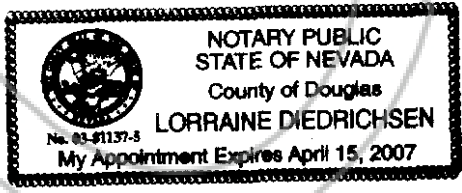
County of Douglas

On 11-17-2004
Date

Leonard Kelsey
LEONARD C. KELSEY
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

0629507
BK 1104 PG 08197

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

SANTA BARBARA COUNTY
PUBLIC HEALTH DEPARTMENT

CERTIFICATE OF DEATH

STATE FILE NUMBER		USE BLACK INK ONLY / NO ERASURES, WRITINGS OR ALTERATIONS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT -- FIRST (Given) BARBARA		2. MIDDLE ANN		3. LAST (Family) KELSEY	
4. DATE OF BIRTH mm/dd/yyyy 11/27/1918		5. AGE Yrs. 85		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 2422		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (At Time of Death) WIDOWED		7. DATE OF DEATH mm/dd/yyyy 09/07/2004		8. HOUR (24 Hours) 2230	
13. EDUCATION -- Highest Level (Years) (one word/number on line) HS GRADUATE		14/15. WAS DECEDENT SPANISH/HISPANIC/LATINO? (If yes, see worksheet on back.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE -- Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED HOME MAKER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) OWN HOME		19. YEARS IN OCCUPATION 60	
20. DECEDENT'S RESIDENCE (Street and number or location) 2025 MASONIC DRIVE					
21. CITY GARDNERVILLE		22. COUNTY/PROVINCE DOUGLAS		23. ZIP CODE 89410	
24. YEARS IN COUNTY 20		25. STATE/FOREIGN COUNTRY NV			
26. INFORMANT'S NAME, RELATIONSHIP LEONARD C. KELSEY, SON			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 3690 OLIVE ST., BOX 610, SANTA YNEZ, CA, 93460		
28. NAME OF SURVIVING SPOUSE -- FIRST -		29. MIDDLE -		30. LAST (Maiden Name) -	
31. NAME OF FATHER -- FIRST CHARLES		32. MIDDLE -		33. LAST RAUSEH	
34. BIRTH STATE RUSSIA		35. NAME OF MOTHER -- FIRST BESSIE		36. MIDDLE -	
37. LAST (Maiden) MOREY		38. BIRTH STATE MO			
39. DISPOSITION DATE mm/dd/yyyy 09/16/2004		40. PLACE OF FINAL DISPOSITION OAK HILL CEMETERY DIST, SOLVANG, CA			
41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF BURIALMURER <i>William A. Mohr</i>		43. LICENSE NUMBER 6062	
44. NAME OF FUNERAL ESTABLISHMENT LOPER FUNERAL CHAPEL		45. LICENSE NUMBER FD1294		46. SIGNATURE OF LOCAL REGISTRAR <i>Neil Schuman</i>	
47. DATE mm/dd/yyyy 09/10/2004					
101. PLACE OF DEATH COTTAGE HOSPITAL		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ERVOP <input type="checkbox"/> DDA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/TC <input type="checkbox"/> Domestic/Home <input type="checkbox"/> Other	
104. COUNTY SANTA BARBARA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) PUEBLO AT BATH STREET		106. CITY SANTA BARBARA	
107. CAUSE OF DEATH Enter the cause of death -- disease, injury, or non-natural -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without stating the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (A) PNEUMONIA, PROBABLE ASPIRATION Secondary, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (B) HEMORRHAGE FROM DUODENAL ULCER Indicate the events resulting in death (C) LEFT SIDED CEREBROVASCULAR ACCIDENT		108. DEATH REPORTED TO CORONER? Time Interval (Date of Death and Date) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO CNR-04-0892		109. BIRTH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. BIRTH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 LEFT SIDED CEREBROVASCULAR ACCIDENT					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) LAPAROTOMY, OVERSEW OF ULCER, GASTROJEJUNOSTOMY 08/28/2004					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE STATED FROM THE CAUSE STATED. Decedent Attended Since <input type="checkbox"/> Decedent Last Seen Above		115. SIGNATURE AND TITLE OF CERTIFIER <i>Stephen K. Lemon</i>		116. LICENSE NUMBER G027000	
117. DATE mm/dd/yyyy 08/27/2004		118. TYPE AND QUALIFYING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE STEPHEN K. LEMON, MD, 2403 CASTILLO ST., SANTA BARBARA, CA 93105		119. DATE mm/dd/yyyy 09/07/2004	
119. I CERTIFY THAT IN MY CORONER DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED.		120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
126. SIGNATURE OF CORONER/DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER	



CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS DATE ISSUED **09/15/2004**
 COUNTY OF SANTA BARBARA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Registrar, Public Health Department, County of Santa Barbara, California.

Neil Schuman
 HEALTH OFFICER
 PUBLIC HEALTH DEPARTMENT
 COUNTY OF SANTA BARBARA, CALIFORNIA

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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