

Parcel # 1022-32-110-016

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

2004 NOV 17 AM 9:39

WERNER CHRISTEN  
RECORDER

\$15<sup>00</sup> 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 Leonard Kelsey** named as one of the parties in that certain **Joint Tenancy Grant Deed** dated **August 13, 1976** executed by **Alfred J. Barrett and Emogene W. Barrett, Husband and wife** to **Frank Leonard Kelsey and Barbara Ann Kelsey, Husband and wife**, recorded In Book **876** Page **993** of Official Records of. **Douglas Co. NV**  
LEGAL DESCRIPTION

**Lot 49, 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

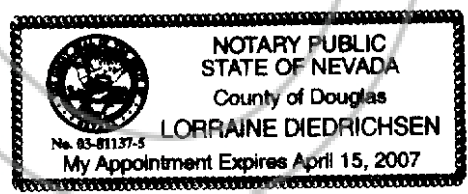
Leonard C Kelsey  
LEONARD C KELSEY

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

0629510

BK1104PG08203

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

DECEASED 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

1 DECEASED NAME: Frank Leonard KELSEY; 2 SEX: Male; 3 DATE OF DEATH: June 25, 1997; 4 SOCIAL SECURITY NUMBER: 3313; 5a AGE: 80; 6 BIRTHPLACE: Winnemucca, NV; 7 DATE OF BIRTH: Sept. 11, 1916; 8 WAS DECEASED EVER IN U.S. ARMED FORCES? No; 9a PLACE OF DEATH: Decedent's Home; 9b FACILITY NAME: 17023 Ferry Creek Heights; 9c CITY, TOWN, OR LOCATION OF DEATH: Brookings; 9d COUNTY OF DEATH: Curry; 10a DECEASED'S USUAL OCCUPATION: Auto Dealer; 10b KIND OF BUSINESS/INDUSTRY: Transportation; 11 MARITAL STATUS: Married; 12 SPOUSE: Barbara Rausch; 13a RESIDENCE - STATE: Gardnerville; 13b COUNTY: Nevada; 13c CITY, TOWN OR LOCATION: 2025 Masonic Dr.; 14 WAS DECEASED OF HISPANIC ORIGIN? No; 15 RACE: White; 16 DECEASED'S EDUCATION: Elementary/Secondary (0-12); 17 FATHER - NAME: Frank Leroy Kelsey; 18 MOTHER - NAME: Edna Rosavere; 19 INFORMANT - NAME: Frank Kelsey, Son; 20a METHOD OF DISPOSITION: Burial; 20b PLACE OF DISPOSITION: Oak Hill Cemetery; 20c LOCATION: Santa Ynez, CA; 21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: Wey Scottlin; 21b LICENSE NUMBER: CO-3556; 22 NAME, ADDRESS AND ZIP OF FACILITY: Scantlin's Brookings Mortuary Chapel; 23 DATE FILED: July 7, 1997; 24 REGISTRAR'S SIGNATURE: Brenda Starbird; 25 DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT? No; 26 WAS GIFT MADE? No.

27 TIME OF DEATH: 0327; 28 WAS MEDICAL EXAMINER NOTIFIED? Yes; 29 To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) and manner stated; 30 DATE SIGNED: 7/11/97; 31a TIME OF DEATH: M; 31b DATE PRONOUNCED DEAD: M; 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; 33 DATE SIGNED: COUNTY;

34 NAME, TITLE, ADDRESS AND ZIP OF CERTIFIER/MEDICAL EXAMINER: Randal Garcia, MD 446 Oak Street, Brookings, OR 97415; 35 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER; 36 IMMEDIATE CAUSE: ASCVD; 37 Did tobacco use contribute to the death? No; 38 AUTOPSY: No; 39 IF YES were findings considered in determining cause of death? No; 40 MANNER OF DEATH: Natural; 41a DATE OF INJURY; 41b TIME OF INJURY; 41c INJURY AT WORK?; 41d DESCRIBE HOW INJURY OCCURRED; 41e PLACE OF INJURY; 41f LOCATION.

RESERVED FOR REGISTRAR'S USE; THIS IS A TRUE AND EXACT REPRODUCTION OF THE DOCUMENT OFFICIALLY REGISTERED AT THE OFFICE OF THE CURRY COUNTY REGISTRAR; ORIGINAL-VITAL STATISTICS COPY; DATE ISSUED: July 14, 1997; COUNTY REGISTRAR CURRY COUNTY, OREGON; 0629510; BK 1104 PG 08 2 04

