

16-
REQUESTED BY
Stephen Wassner
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

AP 1220-15-511-010

2004 DEC -1 AM 10: 23

RECORDED AT THE REQUEST OF; and
WHEN RECORDED RETURN TO:

✓ Stephen R. Wassner
Attorney at Law
206 South Division Street - Suite 2
Carson City, Nevada 89703-4276

WERNER CHRISTEN
RECORDER

\$16⁰⁰ PAID KJ DEPUTY

SEND TAX STATEMENTS TO

Kenneth C. Zuhr
7195 Harvard Place
Gilroy, California 95020

Affidavit Terminating Joint Tenancy

I, Kenneth C. Zuhr, the Executor of the estate of Bernice Arlone Dappen Zuhr being first duly sworn, deposes and says, under penalty of perjury, that Affiant is over the age of 21 years of age, competent to be a witness as to the matters hereinafter stated, and that the assertions of this Affidavit Terminating Joint Tenancy are true and correct as follows:

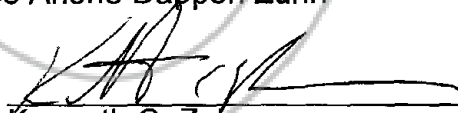
1. That Bernice Arlone Dappen Zuhr is the same person named as Bernice D. Zuhr in that certain deed recorded on April 7, 1978, as document number 19404 in the Official Records in the Office of the County Recorder of Douglas County, State of Nevada and relating to the following described real property:

Lot 13, as said lot is shown on the Official Plat of Gardnerville Ranchos Unit No. 3, filed in the office of the County Recorder of Douglas County, State of Nevada, on June 1, 1965, in Book 1 of Maps, Series No. 28310, and Title Sheet Amended on June 4, 1965, Series No. 28378.

Street Address 980 Fairway Drive, Gardnerville, Nevada

2. That Herbert F. Zuhr was one of the Grantees named in said deed and is the identical person named as Herbert Frank Zuhr in that certain Death Certificate, a certified copy is annexed hereto and made a part hereof.

3. At the time of the death of Herbert Frank Zuhr, title to the real property described in paragraph 2 above continued to be held by Herbert Frank Zuhr and Bernice Arlone Zuhr, husband and wife, as joint tenants with rights of survivorship. As a result of the death of Herbert Frank Zuhr and the joint tenancy form of title, the real property described in paragraph 2 above was transferred to the surviving joint tenant Bernice Arlone Dappen Zuhr.



Kenneth C. Zuhr

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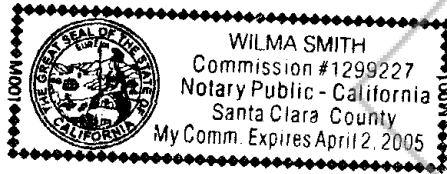
BK 1204 PG 00116

STATE OF CALIFORNIA)
COUNTY OF *SANTA CLARA*) ss

On this *24TH* day of November 2004, personally appeared before me, a Notary Public duly commissioned and sworn, Kenneth C. Zuhr, known to me to be the person who executed the within instrument and who acknowledged to me that he had read the foregoing Affidavit Terminating Joint Tenancy, knows the contents thereof, and executed the same for the uses and purposes therein mentioned.

Wilma Smith

Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH
VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

20010013890
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

POSITION

CERTIFIER

CONDITIONS WHICH GAVE RISE TO IMMEDIATE CAUSE DURING THE UNDERLYING DISEASE LAST

USE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH	
1. Herbert Frank ZUHR		2. November 13, 2001		3a. Douglas			
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)		SEX	
3b. Gardnerville		3c. 980 Fairway Drive		3e. 6		4. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6.		7a. 84		8. February 5, 1917	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. New York		9b. U.S.A.		10. 18		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
13. 5152		14a. Physicist		14b. Nuclear Technology		12. Bernice Dappen	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Gardnerville		15d. 980 Fairway Dr.	
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes					
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last					
16. Frank Joseph Zuhr		17. Marguerite Wolf					
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Bernice D. Zuhr		18b. P.O. Box 1404 Gardnerville, Nevada 89410					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Cremation		19b. Carson Sierra Crematory		19c. Carson City Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. <i>Immy B.</i>		20b. 09		20c. Society 1614 N. Curry St. Carson City, NV 89703			
21. 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) <i>Robert J. Chudnow, MD</i>		(Signature and Title)					
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. November 15, 2001		21c. 19:45		22b.		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)			
21d.		22d. ON		22e. AT			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER					
23a. Robert Chudnow M.D. 1700 County Rd. Suite B, Gardnerville, NV.		23b. 89423 9491					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. (Signature) <i>Lore Cook</i>		24b. Nov 16, 2001		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) Malignant mesothelioma						months	
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(b)						Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:						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)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
		26. No		27. Yes			
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c.		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.		STREET OR R.F.D. No. CITY OR TOWN STATE	
28e.		28f.		28g.			

STATE REGISTRAR

No. 206826

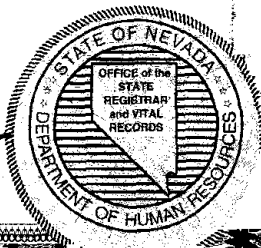
CERTIFIED COPY OF VITAL RECORDS

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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: SEP 17 2004

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



[Signature]
STATE REGISTRAR
0630724
BK1204 PG 00118