DOC # 0634373
01/13/2005 03:39 PM Deputy: BC
OFFICIAL RECORD
Requested By:
FIRST AMERICAN TITLE

A.P.N.:

1022-16-001-079

File No:

143-2181773 (MO)

When Recorded Return To: Robyn Ruth Ramsay

Douglas County - NV Werner Christen - Recorder

Page: 1 Of 2 Fee:

15.00

ansay 1/03/05



PG- 4335 RPTT:

AFFIDAVIT - TERMINATING JOINT TENANCY

Robyn Ruth Ramsay, of legal age, being first duly sworn, deposes and says:

That **Ruth A. Ramsay**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Ruth A. Ramsay** named as one of the parties in that certain **Joint Tenancy Deed** dated **December 5th**, **1988** executed by **Ruth A. Ramsay and Lizabeth Anne Ramsay and Robyn Ruth Ramsay** to **Ruth A. Ramsay and Robyn Ruth Ramsay** as joint tenants, recorded as Document No. **196243** on **289** in Book **1377** of Official Records of **Douglas** County, **Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada**:

Lot 15, Block E. Topaz Ranch Estates, Unit No. 4, in the County of Douglas, State of Nevada, recorded in the office of the County Recorder on November 16, 1970, in Book 1 of Maps, as Document No. 50212.

Robyn Ruth Ramsay

STATE OF

NEVADA

) :ss.)

COUNTY OF

DOUGLAS

This instrument was acknowledged before me on

M. OMOHUNDRO
NOTARY PUBLIC
STATE OF NEWADA
Appt. Recorded in Douglas County
My Appt. Expires March 15, 2006
No: 99-57672-5

Notary Public

(My commission expires:

Robyn Ruth Ramsay



DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH VITAL STATISTICS

Altered

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

			CERTIFICATE OF	DEATH	#						
	LOCAL FILE NUMBER	·			STATE FILE NUMBER						
TYPE OR PRINT	DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH						
IN PERMANENT	ı. Ruth	Α.	RAMSAY	2.October 24, 2004	3a. Douglas						
BLACK INK	CITY, TOWN OR LOCATION OF DEATH	i	ER INSTITUTION—Name (If not either, give	Rm. Inpatient (Specify)	- 0 - 20						
DECEDENT	3b. Gardnerville		Valley Medical Cer								
Indian, etc.) (Specify) was present of hispanic of the final property of the final prope					S						
	5. White STATE OF BIRTH	CITIZEN OF WHAT COU		The state of the s	April 30, 1912 8						
IF DEATH OCCURRED IN	(If not U.S.A., name country) ga, Missouri	TRY	grade completed.	hest MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	H						
INSTITUTION SEE HANDBOOK	SOCIAL SECURITY NUMBER			3/3 KIND OF BUSINESS OR INDUSTRY	2.						
REGARDING COMPLETION OF RESIDENCE ITEMS	13. 7370	Working Life, Even if Reti	al Secretary	146Health Care	1						
HESDEROC ITEMS	RESIDENCE-STATE COUNT		CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS						
└→ [15a. Nevada 15bDo	ouglas	15c.Wellington	15d 1471 Hwy 395	#4 (Specify Yes or No)						
	FATHER—NAME First	Middle		MAIDEN NAME First M	Cannon						
18. Claude Aikman 17. Anna May Cannon INFORMANT—NAME (Type or Print) MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18a. Elizabeth Ramsay 18b. 325 W. Elm St., Bishop, California 93514 BURIAL, CREMATION, REMOVAL, OTHER (Specify) CEMETERY OR CREMATORY—NAME LOCATION City or Town State											
						DISPOSITION 19a. Removal/Burial 19bEast Line Street Cemetery 19c. Bishop, California					The state of the s
						Bisi dellieli	FUNERAL DIRECTOR—SIGNATURE (dx. Peyon Acting as Such) 20a. WM MU Such State of the License Number of				
						Name :					
· ·											
(Signature and Title) DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH OF DEATH OF DEATH OF DEATH OF DEATH					UB OF DEATH						
CERTIFIER	CERTIFIER 21b. 21c. 2204 22c. 22c.										
P 21d.											
O 21d. 22d. ON 22d. ON 22e. AT NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Pdnt.) LICENSE NUMBER											
Į	23a Delrov A. M	cFarlane, 92	25 Ironwood Dr. $#1$	103, Minden, NV 89423	23ь. 9617						
CONDITIONS FANY WHICH GAVE 24a. (Signature) Communicable disease 24b. (C) C) C) C) C C C C											
						RISE TO IMMEDIATE CAUSE		LY ONE CAUSE PER LINE	FOR (a), (b), AND (c).)	0.0054	Interval between onset and death
STATING THE UNDERLYING CAUSE LAST	PART (a)	Y	monery in	16 (1-2-3)	: min						
					Interval between onset and death						
/ لی	(b)	The state of the s									
	DUE TO, OR AS A CONSE	QUENCE OF:			Interval between onset and death						
CAUSE OF	(c) OTHER SIGNIFICANT CONDIT	IONS Conditions contribution	ng to death but not resulting in the underlyi	ing cause given in Part 1 AUTOPSY (Speci	V WAS CASE REFERRED TO						
DEATH		CONG CONGRESION	COPID	Yes or No	y WAS CASE REFERRED TO CORONE!! (Specify Yes or No.) 27. Yes						
	ACC., SUICIDE, HOM., UNDET., DATE OF	FINJURY (Ma., Day, Yr.) HO	OUR OF INJURY DESCRIBE HO	W INJURY OCCURRED	103						
(Specify) 28b. 28c. M 28d. INJURY AT WORK (Specify Yes or No) 28e. 28c. M 28d. LOCATION. STREET OR R.F.D. No. CITY OR TOWN ST building, etc. (Specify) 28e. 28g.											
					OR TOWN STATE						
					•						
					074004						
Information corrected, State Affidavit #43043, 11/5/04. No. 274021											
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0634373 Page: 2 Of 2 01/13/2005											
EAL OF	43982	CERTIF	ED COPY OF VITAL F	RECORDS	TE OF NEDANIM						
OFFICE of the Paris State											
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: NOV 0 5 2004

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