

APN: 1220-21-710-068

**When Recorded Mail To:**

ROWE & HALES, LLP  
James R. Hales, Esq.  
P.O. Box 2080  
Minden, NV 89423

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 3 Fee: 16.00  
BK-0305 PG- 7921 RPTT: 0.00



**Send Tax Statements To:**

Doris L. Scheetz  
774 Hornet Drive  
Gardnerville, NV 89460

**AFFIDAVIT OF TERMINATION OF JOINT TENANCY  
(Death of Joint Tenant)**

Doris L. Scheetz, being of legal age and being first duly sworn, deposes and says:

Richard I. Scheetz, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Richard I. Scheetz, named as one of the parties in that certain Grant, Bargain, Sale Deed, dated the 5th day of January, 1990, executed by Kirk A. Johnson of Nevada Johnson, Inc., to Richard I. Scheetz and Doris L. Scheetz, holding title as joint tenants with rights of survivorship, recorded as Instrument No. 217726 on the 5th day of January, 1990, in Book 190, Page 1201 of the Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

Lot 564, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 7, filed for record in the Office of the County Recorder of Douglas County, Nevada, on March 27, 1974, in Book 374, page 676, as File No. 72456.

Per NRS 111.312, this legal description was previously recorded at Document No. 217726, Book No. 190, Page 1201, on January 5, 1990.

Affiant was the wife of Richard I. Scheetz, up to and until his death.

Richard I. Scheetz died on the 26th day of January, 2004.

IN WITNESS WHEREOF, I have hereunto set my hand this 9 day of March, 2004.

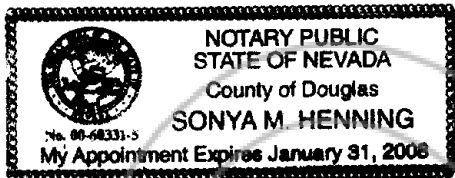
  
Doris L. Scheetz


ACKNOWLEDGMENT

STATE OF NEVADA     )  
  ) ss.  
COUNTY OF DOUGLAS    )

This instrument was acknowledged before me on the 9 day of March, 2004, by Doris L. Scheetz.

WITNESS my hand and official seal.



  
NOTARY PUBLIC

**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**

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

IF ANY CHAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING USE LAST

CAUSE OF DEATH

|  |  |   |  |
|--|--|---|--|
| LOCAL FILE NUMBER  |  | STATE FILE NUMBER   |  |
| DECEASED—NAME First Middle Last  |  | DATE OF DEATH (Month, Day, Year)  |  |
| 1. Richard Irving SCHEETZ  |  | 2. January 26, 2004   |  |
| CITY, TOWN OR LOCATION OF DEATH  |  | COUNTY OF DEATH   |  |
| 3b. Gardnerville   |  | 3a. Douglas   |  |
| HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)   |  | If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)  |  |
| 3c. 774 Hornet Drive   |  | 3e. 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. |  |
| 5. White   |  | 6.  |  |
| AGE—Last Birthday (Years)  |  | UNDER 1 YEAR  |  |
| 7a. 82   |  | MOS : DAYS  |  |
| STATE OF BIRTH (If not U.S.A., name country)   |  | UNDER 1 DAY   |  |
| 9a. Missouri   |  | HOURS : MINS  |  |
| CITIZEN OF WHAT COUNTRY  |  | DATE OF BIRTH (Mo., Day, Yr.)   |  |
| 9b. U.S.A.   |  | 8. July 29, 1921  |  |
| Decedent's Education. Specify highest grade completed.   |  | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)   |  |
| 10. 15 Years   |  | 11. Married   |  |
| SOCIAL SECURITY NUMBER   |  | SURVIVING SPOUSE (If wife, give maiden name)  |  |
| 13. ████████-3190  |  | 12. Doris Rogers  |  |
| USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)                                   |  | KIND OF BUSINESS OR INDUSTRY  |  |
| 14a. Navy Construction Inspector   |  | 14b. U.S. Government  |  |
| RESIDENCE—STATE  |  | CITY, TOWN, OR LOCATION   |  |
| 15a. Nevada  |  | 15c. Gardnerville   |  |
| COUNTY   |  | STREET AND NUMBER   |  |
| 15b. Douglas   |  | 15d. 774 Hornet Dr.   |  |
| INSIDE CITY LIMITS (Specify Yes or No)   |  | 15e. Yes  |  |
| FATHER—NAME First Middle Last  |  | MOTHER—MAIDEN NAME First Middle Last  |  |
| 16. Chester C. Scheetz   |  | 17. Willa Brewington  |  |
| INFORMANT—NAME (Type or Print)   |  | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)  |  |
| 18a. Doris Scheetz - Wife  |  | 18b. 774 Hornet Drive, Gardnerville, NV 89460   |  |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify)  |  | CEMETERY OR CREMATORY—NAME  |  |
| 19a. Cremation   |  | 19b. FitzHenry's Crematory  |  |
| LOCATION City or Town State  |  | 19c. Carson City, Nevada  |  |
| FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)  |  | NAME AND ADDRESS OF FACILITY  |  |
| 20a. <i>[Signature]</i>  |  | FitzHenry's Funeral Home  |  |
| FURNAL DIRECTOR LICENSE NUMBER   |  | 20c. 833 N. Edmonds Drive, Carson City, NV 89701  |  |
| 20b. 217   |  | 20d. ON   |  |
| 21a. 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)  |  | (Signature and Title)   |  |
| DATE SIGNED (Mo., Day, Yr.)  |  | DATE SIGNED (Mo., Day, Yr.)   |  |
| 21b. 01/28/2004  |  | 22b. 22c.   |  |
| HOUR OF DEATH  |  | HOUR OF DEATH   |  |
| 21c. 2045  |  | 22d. AT   |  |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  |  | PRONOUNCED DEAD (Mo., Day, Yr.)   |  |
| 21d.   |  | 22e. AT   |  |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)            |  | LICENSE NUMBER  |  |
| 23a. Carl Juneau, M.D., 2874 N. Carson St. #120, Carson City, NV 89703   |  | 23b. 8494   |  |
| REGISTRAR  |  | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)  |  |
| 24a. <i>[Signature]</i>  |  | 24b. January 29, 2004   |  |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))  |  | DEATH DUE TO COMMUNICABLE DISEASE   |  |
| PART 1   |  | 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |
| (a) Congestive heart failure, ischemic cardiomyopathy  |  | Interval between onset and death : 2 yrs  |  |
| DUE TO, OR AS A CONSEQUENCE OF:  |  | Interval between onset and death  |  |
| (b) coronary artery disease, myocardial infarction   |  | : 20 yrs  |  |
| DUE TO, OR AS A CONSEQUENCE OF:  |  | Interval between onset and death  |  |
| (c) Chronic atrial fibrillation, permanent pacemaker   |  | : 14 yrs  |  |
| PART 2   |  | AUTOPSY (Specify Yes or No)   |  |
| OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. |  | 26. no  |  |
| Diabetes mellitus, Aortic stenosis, obstructive uropathy   |  | WAS CASE REFERRED TO CORONER (Specify Yes or No)  |  |
| 27. yes  |  | ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)   |  |
| 28a.   |  | DATE OF INJURY (Mo., Day, Yr.)  |  |
| 28b.   |  | HOUR OF INJURY  |  |
| 28c.   |  | 28d.  |  |
| INJURY AT WORK (Specify Yes or No)   |  | DESCRIBE HOW INJURY OCCURRED  |  |
| 28e.   |  | 28g.  |  |
| PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)  |  | LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE   |  |
| 28f.   |  | 28g.  |  |

STATE REGISTRAR

No. 252372

I3682

CERTIFIED COPY OF VITAL RECORDS

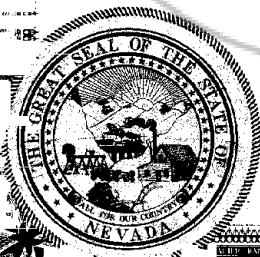
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

JAN 29 2004

*[Signature]*  
STATE REGISTRAR

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



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PG- 7923  
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03/17/2005