

16

DOC # 0640502
03/31/2005 01:18 PM Deputy: BC
OFFICIAL RECORD
Requested By:
MARGARET WILKINS

APN: 1319-30-713-004

Recording requested by and mail documents and tax statements to:

Name: Margaret M. Wilkins

Address: 4 9th St.

City/State/Zip: Hampton, NH 03842

Douglas County - NV
Werner Christen - Recorder
Page: 1 of 3 Fee: 16.00
BK-0305 PG-14133 RPTT: 0.00



AFF111

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AFFIDAVIT-TERMINATION OF JOINT TENANT

Death of a Joint Tenant

I, Margaret M. Wilkins
the Affiant, being of legal age, and being first duly sworn, deposes and says:

That Philip B. Wilkins
the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as, _____

Philip B. Wilkins
named as one of the parties in that certain Deed
dated on the 18th day of December, 1985, and executed by _____

X Nevada Springs and Loan Association
known as Grantor(s), to Philip B. Wilkins + Margaret M. Wilkins
known as Grantees, as joint tenants, and recorded as instrument number 128372
on the 18 day of December, 1985 in Book 1285-1536 of Official Records
of Douglas County County, Nevada, covering the following described property situated
in the City of Stardling County of Douglas, State
of Nevada. (Set forth legal description and commonly known street address, if known)

See Exhibit A

In Witness Whereof, I/We have hereunto set my/our hand(s) this 31 day of March, 2005.

Margaret M. Wilkins
Signature

Signature

Margaret M. Wilkins
Print or type name here

Print or type name here

STATE OF NEVADA
COUNTY OF Douglas

On this 31st day of March, 2005, personally appeared before me, a
Notary Public Margaret M. Wilkins
personally known to me to be the person(s) whose name(e) is subscribed to the above instrument who
acknowledged that She executed this instrument. Witness my hand and official seal.

Lorraine Diederichsen
Notary Public

My Commission Expires April 15, 2007

Consult an attorney if you doubt this forms fitness for your purpose.

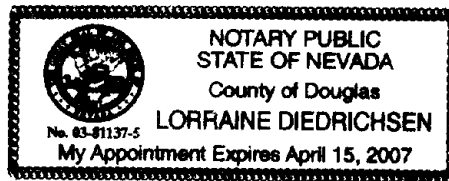


EXHIBIT "A"

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Unit D, as set forth on the Condominium Map of Lot 145, Tahoe Village Unit No. 1, Amended Map filed for record November 24, 1981, as Document No. 62710, Official Records of Douglas County, State of Nevada.

TOGETHER WITH an undivided 1/4ths interest in and to those portions designated as Common Areas as set forth on the Condominium Map of Lot 145, Tahoe Village Unit No. 1, Amended Map, filed for record November 24, 1981, as Document No. 62710, Official Records of Douglas County, Nevada.

A.P.N. 40-340-04

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COOPER





REGISTRY DIVISION OF THE CITY OF BOSTON

COUNTY OF SUFFOLK, COMMONWEALTH OF MASSACHUSETTS, UNITED STATES OF AMERICA

Certificate R N^o 013686

I, the undersigned, hereby certify that I hold the office of
City Registrar of the City of Boston and I certify the following facts appear on the records of Births, Marriages and Deaths kept in said City as required by law.

The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH
REGISTRY OF VITAL RECORDS AND STATISTICS

REGISTERED NUMBER: **007126** STATE USE ONLY

DECEDENT - NAME FIRST MIDDLE LAST SEX DATE OF DEATH (Mo., Day, Yr.)
Philip B. Wilkins Male 3 November 25, 1997

PLACE OF DEATH (City/Town) COUNTY OF DEATH HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number)
4a Boston 4b Suffolk 4c Deaconess Hospital

PLACE OF DEATH (Check only one):
 HOSPITAL: Inpatient ER/Outpatient DOA OTHER: Nursing Home Residence Other (Specify) _____

SOCIAL SECURITY NUMBER: **6 [REDACTED] 2116** IF US WAR VETERAN SPECIFY WAR: **7, Korean**

WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify Puerto Rican, Dominican, Cuban, etc.)
 NO YES

RACE (e.g. White, Black, American Indian, etc.) (Specify): **8b White** DECEDENT'S EDUCATION (Highest Grade Completed)
Elem/Sec (1-12) College (1-4, 5+): **9 3**

AGE - Last Birthday (Yrs.) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (Mo., Day, Yr.) BIRTHPLACE (City and State or Foreign Country)
10a 65 10b MOS: [REDACTED] 10c DAYS: [REDACTED] 10d April 22, 1932 11 Beverly, MA.

MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED: **12 Married** LAST SPOUSE (If wife, give maiden name): **13 Margaret M. Lordan** USUAL OCCUPATION (Prior - If retired): **14a Machine Designer** KIND OF BUSINESS OR INDUSTRY: **14b Engineering**

RESIDENCE - NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY: **15a 4 9th Street, Hampton, Rockingham, New Hampshire** ZIP CODE: **15b 03842**

FATHER - FULL NAME: **16 William B. Wilkins** STATE OF BIRTH (If not in US, name country): **17 MA.** MOTHER - NAME (GIVEN) (MAIDEN): **18 Grace Ward** STATE OF BIRTH (If not in US, name country): **19 MA.**

INFORMANT'S NAME: **20 Margaret M. Wilkins** MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE: **21 4 9th St. Hampton, New Hampshire 03842** RELATIONSHIP: **22 Wife**

METHOD OF DISPOSITION: BURIAL CREMATION ENTOMBMENT REMOVAL FROM STATE DONATION OTH. SPEC. _____

FUNERAL SERVICE LICENSEE: **24 John J. Gentile** LICENSE #: **25 5557**

PLACE OF DISPOSITION (Name of Cemetery, Crematory or other): **26a Harvard Medical School** LOCATION (City/Town, State): **26b Boston, MA.**

DATE OF DISPOSITION (Mo., Day, Yr.): **27 Nov. 26, 1997** NAME AND ADDRESS OF FACILITY: **28a/b Hearn Funeral Home 43 Cummins Highway Boston, MA. 02131**

PART I - Enter the diseases, injuries, or complications that caused the death. Do not use only the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d). PRINT OR TYPE LEGIBLY.

IMMEDIATE CAUSE (Final disease or condition resulting in death) **a. Colon cancer, metastatic** DUE TO (OR AS A CONSEQUENCE OF) _____

Approximate Interval Between Onset and Death: **years**

Sequentially list conditions, if any leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST.
b. _____ DUE TO (OR AS A CONSEQUENCE OF) _____
c. _____ DUE TO (OR AS A CONSEQUENCE OF) _____
d. _____

PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I.

30 WAS CASE REFERRED TO M.E.? (Yes or No) **NO** 34 MANNER OF DEATH: NATURAL ACCIDENT HOMICIDE SUICIDE COULD NOT BE DETERMINED PENDING INVESTIGATION

DATE OF INJURY (Mo., Day, Yr.): **35a** TIME OF INJURY: **35b** INJURY AT WORK (Yes or No): **35c**

DESCRIBE HOW INJURY OCCURRED: **35d** PLACE OF INJURY - At home, farm, street, factory, office bldg., etc. Specify: **35e** LOCATION (No. & St., City/Town, State): **35f**

To Be Completed by CERTIFYING PHYSICIAN Only

36a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated (Signature and Title): **Marissa Slaven MD**

DATE SIGNED (Mo., Day, Yr.): **36b November 25 1997** HOUR OF DEATH: **36c 12:50 AM**

To Be Completed by MEDICAL EXAMINER

37a 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) stated (Signature and Title): _____

DATE SIGNED (Mo., Day, Yr.): **37b** HOUR OF DEATH: **37c**

PRONOUNCED DEAD (Mo., Day, Yr.): **37d** PRONOUNCED DEAD (Hr.): **37e**

NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print): **38 MARISSA SLAVEN MD 254 South St Waltham** LICENSE NO. OF CERTIFIER: **39 76675**

WAS THERE AN R/N PRONOUNCEMENT? (Yes or No) **40a NU** IF YES, DATE PRONOUNCED: **40b** IF YES, TIME PRONOUNCED: **40c** NAME OF PRONOUNCING REGISTERED NURSE: **40d**

DATE BURIAL PERMIT ISSUED: **November 25, 1997 # 7933** RECEIVED IN THE CITY/TOWN: **BOSTON** DATE OF RECORD: **DEC 1 1997**

SIGNATURE - BO. OF HEALTH AGENT: **Alice Wilman** CLERK'S SIGNATURE: **James R. McCarthy**

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PG- 14135
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I further hereby certify that by annexation, the Records of the following-named cities and towns are in the custody of the City Registrar of Boston:—

- ANNEXED
- East Boston1637
 - South Boston1804
 - Roxbury1868
 - Dorchester1870
 - Charlestown }
 - Brighton }1874
 - West Roxbury }
 - Hyde Park1912

WITNESS my hand and the SEAL of the CITY REGISTRAR

on this **JUL 10 2001** A.D.
James R. McCarthy City Registrar
By Chapter 314 of the Acts of 1892, "the certificates or attestations of the Assistant City Registrars shall have the same force and effect as that of the City Registrar."

