

APN: 1220-04-113-006

When Recorded Return and Mail Tax Statements To:

Andrew N. Frayo
911 Waterloo Lane
Gardnerville, NV 89410

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 2 Fee: 15.00
BK-0605 PG- 503 RPTT: 0.00

AFFIDAVIT OF TERMINATION OF JOINT TENANT



STATE OF NEVADA)
)§
COUNTY OF DOUGLAS)

ANDREW N. FRAYO, of legal age, being duly sworn, deposes and says:

1. That JEAN E. ZERBY, the decedent mentioned in the attached certified copy of certificate of death, was, until her death, and is the same person as JEAN E. ZERBY, named as one of the parties in that certain deed by and between JEAN E. ZERBY and ANDREW N. FRAYO, as joint tenants, of official records of Douglas County, State of Nevada, concerning the real property situate in the County of Douglas, State of Nevada, being Assessor's Parcel Number 1220-04-113-006, and specifically described as follows:

LOT 110, IN BLOCK A, AS SHOWN ON THE PLAT OF KINGSLANE UNIT NO. 3B, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA, ON OCTOBER 26, 1977, AS FILE NO. 14385.

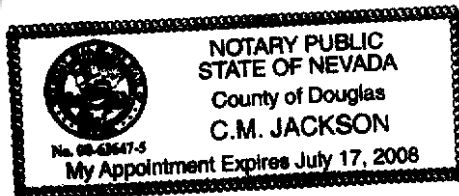
2. That this affidavit is executed and recorded for the purposes of terminating the interest of said JEAN E. ZERBY in and to the hereinabove-described real property.

Dated this 1 day of June, 2005.

Andrew N. Frayo
ANDREW N. FRAYO

On this 1 day of June, 2005, personally appeared before me, a Notary Public, ANDREW N. FRAYO, personally known or proved to me to be the person whose name is subscribed to the above instrument and who acknowledged that he executed the above instrument.

[Signature]
NOTARY PUBLIC



STATE OF NEVADA

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

LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Jean E. ZERBY		2. September 6, 2001		3a. Douglas		CITY OF DEATH	
3b. Carson City		3c. Carson-Tahoe Hospital		3e. Inpatient		4. Female	
5. White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7a. 84		8. April 24, 1917	
9a. Canada		9b. U.S.A.		10. 12		11. Widowed	
13. 0475		14a. Homemaker		14b. Own Home		12. SURVIVING SPOUSE (If wife, give maiden name)	
15a. Nevada		15b. Douglas		15c. Gardnerville		15d. Queens Court	
15e. Yes		16. Walter Newton		17. Jean Anderson		18. Andrew Frayo	
18a. Andrew Frayo		18b. 911 Waterloo Lane, Gardnerville, Nevada 89410		19a. Cremation		19b. Walton's Sierra Crematory	
20a. Jimmy Berman		20b. 9		20c. 1478 Fourth Street, Minden, Nevada 89423 53		20d. Walton's Douglas County Mortuary	
21a. 9/10/01		21c. 1725		22a. ON		22b. AT	
23a. Christopher W. Foreman, M.D., 604 W. Washington St., Carson City		23b. 5528		24. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE	
25. IMMEDIATE CAUSE		26. No		27. No		28. No	
28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION		28h. STREET OR R.F.D. No.	
28i. CITY OR TOWN		28j. STATE		28k. CITY OR TOWN		28l. STATE	

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

No. 182908

STATE REGISTRAR

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued:

SEP 14 2001

Giselle Silva
State Registrar

WARNING: IT IS ILLEG



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BK- 0605
PG- 504
06/01/2005