

OFFICIAL RECORD

Requested By:
JACK SHEEGAN ATTORNEY AT LAW

APN*1320-30-111-009

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 4 Fee: 17.00
BK-0206 PG- 8292 RPTT: 0.00



AFFIDAVIT OF SURVIVING JOINT TENANT

Recording Requested By:

Name: JACK SHEEHAN, ESQ.
P.O. Box 1599
Minden, Nevada 89423

When recorded mail to:

✓ Harriett Ann Wise
1690 Mahogany Circle
Minden, Nevada 89423

APN : 17-290-49

WHEN RECORDED MAIL TO:

HARRIET ANN WISE
1690 Mahogany Circle
Minden, Nevada 89423

AFFIDAVIT OF SURVIVING JOINT TENANT

1. CLYDE F. WISE did die in the State of Nevada on the 24 day of June, 1995. A certified copy of the death certificate is attached hereto, marked Exhibit "A" and incorporated herein.
2. Your Affiant is the wife of said CLYDE F. WISE, the decedent, and your Affiant did now and possess the hereinafter described parcel of real property located in Minden, Douglas County, State of Nevada, and more particularly described as follows, to-wit:

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

Unit 17, Block C, as shown on the final map of WESTWOOD PARK UNIT NO. IV, PHASE A, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on March 4, 1993 in Book 393, Page 797, as Document No. 301078.

TOGETHER WITH an undivided 1/9th interest in and to the common area lying within the interior lines as set forth on map of



WESTWOOD PARK UNIT NO. IV, PHASE A, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on March 4, 1993 in Book 393, Page 797, as Document No. 301078.

3. Your Affiant and CLYDE F. WISE, the decedent, did now, possess and were seized of said real property as joint tenants with right of survivorship, per a Deed filed with the Douglas County Recorder, State of Nevada, on March 22, 1994.
4. Your Affiant makes, executes and records this Affidavit to terminate all of the right, title and interest of the Decedent, CLYDE F. WISE, in and to said real property in accordance with N.R.S. 40.470(5).

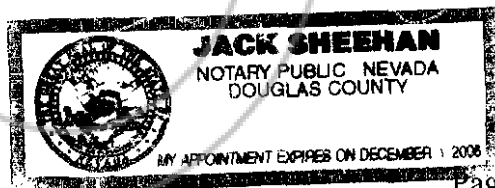
DATED this 1 day of February, 2006.


HARRIETT ANN WISE

SIGNED AND SWORN TO
before me this 1 day of February, 2006

by: Harriet Ann Wise
(person signing document)


NOTARY PUBLIC



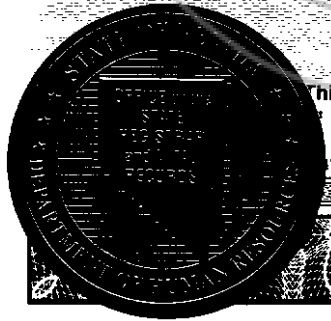
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STATE OF NEVADA

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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
	1. Clyde WISE		2. June 24, 1995		3. Carson City			
DECEDENT	3b. Carson City		3c. Carson-Tahoe Hospital		3e. Inpatient		4. Male	
	5. White		6. Was Decedent of Hispanic Origin? Specify Yes or No if yes, specify Mexican, Cuban, Puerto Rican, etc.		7a. 70		8. December 13, 1924	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. Michigan		9b. USA		10. 12		11. Married	
	13. -0288		14a. Lineman		14b. Telephone Company		12. Harriet Graham	
PARENTS	15a. Nevada		15b. Douglas		15c. Minden		15d. 1790 Mahogany	
	16. Clyde Wise		17. Tina Hunt					
DISPOSITION	18a. Harriet Wise		18b. P.O. Box 1911 Minden, Nevada 89423		19a. Cremation		19b. FitzHenry's Crematory	
	20a. [Signature]		20b. #36		20c. 833 N. Edmonds Drive Carson City, Nevada 89701		19c. Carson City, Nevada	
CERTIFIER	21a. 6-27-95		21c. 2020		22a. [Signature]		22b. [Signature]	
	21b. Dr. B. Bottenberg		21d. [Signature]		22c. [Signature]		22d. ON	
CAUSE OF DEATH	23a. Dr. B. Bottenberg 1540 Hwy. 395 St. 4 Gardnerville, NV 89410		23b. 0109		24a. [Signature]		24b. June 27, 1995	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		26. No		27. No		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART I		PART II		28a. Respiratory failure		Interval between onset and death: minutes		
PART I		PART II		28b. Congestive heart failure		Interval between onset and death: several years		
PART I		PART II		28c. Ischemic cardiomyopathy		Interval between onset and death: several years		
28d. [Signature]		28e. [Signature]		28f. [Signature]		28g. [Signature]		



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This is to certify that the above is a true and correct copy of the certificate on file in this office.
 Issued: JUN 27 1995 By: Yvonne Saylor Deputy Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.