

OFFICIAL RECORD

Requested By:
FIRST AMERICAN TITLE COMPANY

Douglas County - NV
Werner Christen - Recorder

Page: 1 Of 2 Fee: 15.00
BK-0306 PG- 7687 RPIT: 0.00

A.P.N.: 1220-22-210-103
File No: ()



When Recorded return to, and mail Tax Statements to:
Carole Thompson
1002 Tillman
Gardnerville, NV. 89460

AFFIDAVIT - TERMINATING JOINT TENANCY

Carole Thompson, of legal age, being first duly sworn, deposes and says:

That **Mary D.M. Robinson**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Mary D.M. Robinson** named as one of the parties in that certain **Grant, Bargian and Sale Deed** dated **2-26-88** executed by **Richard W. Brown and Doris E. Brown** to **Albert C. Robinson and Mary D.M. Robinson** as joint tenants, recorded as Document No. **173400** on **2-29-88** in Book **288, Page 4201** of Official Records of **Douglas** County, **Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

Lot 658, as shown on the map of Gardnerville Ranchos Unit No. 6, filed for record in the office of the Count Recorder of Douglas County, Nevada, on May 29, 1973, in Book 573, Page 1026, as File No. 66512

All interest in and to said real property is vested absolutely in Surviving Joint Tenant, namely Albert C. Robinson

Carole Thompson 3-18-06
Carole Thompson Date

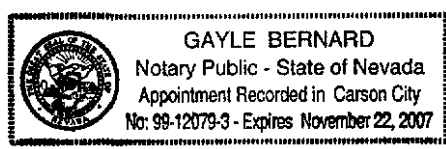
STATE OF **NEVADA**)
)
COUNTY OF **CARSON CITY**)

THIS INSTRUMENT IS BEING RECORDED AS AN ACCOMMODATION ONLY. NO LIABILITY EXPRESS OR IMPLIED, IS ASSURED AS TO ITS REGULARITY OR VALIDITY NOR AS TO ITS EFFECT, IF ANY, UPON TITLE TO ANY REAL PROPERTY DESCRIBED THEREIN.

This instrument was acknowledged before me on 3-18-06 by

FIRST AMERICAN TITLE CO.

Carole Thompson
Gayle Bernard
Notary Public
(My commission expires: 11-22-07)



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 First Middle Last			DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
DECEDENT	1.	Mary Doris ROBINSON			2. March 11, 2000		3a. Douglas	
	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)			If Hosp. or Inst. indicate DOA, OP/Emer. Rm. inpatient (Specify)		SEX
	3b. Gardnerville	3c. 722 Lassen Way			3e.		4. Female	
F DEATH OCCURRED IN INSTITUTION. SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify — yes, — no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)
	5. White		6. X		7a. 80	7b. :	7c. :	8. May 20, 1919
	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (if wife, give maiden name)
PARENTS	9a. England		9b. U.S.A.	10. 14 years		11. Married		12. Albert C. Robinson
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired)			KIND OF BUSINESS OR INDUSTRY		
	13. ██████████ 7200		14a. Broker			14b. Real Estate		
DISPOSITION	RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)
	15a. Nevada		15b. Douglas	15c. Gardnerville		15d. 722 Lassen Way		15e. Yes
	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last					
CERTIFIER	16. Charles Hughes			17.				
	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)				
	18a. Albert C. Robinson			18b. 722 Lassen Way, Gardnerville, Nevada 89410				
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
	19a. Cremation		19b. Walton's Sierra Crematory		19c. Carson City, Nevada			
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY				
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	20a. <i>Thomas Merry</i>		20b. 9		20c. 1478 Fourth Street, Minden, Nevada 89423			
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)				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)			
	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
CAUSE OF DEATH	21b. March 14, 2000		21c. 0945		22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22c. PRONOUNCED DEAD (Hour)	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. ON	
	21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)						22e. AT	
CAUSE OF DEATH	23a. Thomas Merry, M.D., 1107 Hwy. 395, Gardnerville, Nevada 89410						23b. 7634	
	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
	24a. <i>Vera R. Kocher</i>		24b. March 14, 2000		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)							
	PART I	(a) Lymphoma		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
	PART II	(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		Interval between onset and death		
CAUSE OF DEATH	(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I				AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
	PART II				26. No		27. Yes	
	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED			
28a.		28b.	28c.	28d.				
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN	STATE	
28e.		28f.		28g.				

No.159155

STATE REGISTRAR

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

MAR 14 2000

Date issued:

Yvonne Sylva

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR



BK- 0306
PG- 7688