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APN: 1220-16-117-005

When Recorded Mail To:

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

Send Tax Statements To:

Reynold Fasel 1284 Topaz Lane Gardnerville, NV 89460 DOC # 0670621 03/23/2006 01:12 PM Deputy: GB OFFICIAL RECORD Requested By: REYNOLD FASEL

Douglas County - NV Werner Christen - Recorder

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16.00



PG- 8335 RPTT:

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

Reynold Fasel, being of legal age and being first duly sworn, deposes and says:

Margaret Fasel, the decedent mentioned in the attached certified copy of Certificate of Death, is named as one of the parties in that certain Grant, Bargain and Sale Deed, dated the 17th day of July, 1998, executed by Bill Merrill and Kellie J. Merrill to Reynold Fasel and Margaret Fasel holding title as joint tenants, recorded as Instrument No. 0446786 on the 10th day of August, 1998, in Book 0898, Page 1986 of the Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada.

Lot 11, Block A, as shown on the initial final Subdivision map #1003 for ASHLEY PARK filed for record in the office of the County Recorder of Douglas County, State of Nevada on June 2, 1995 in Book 695 at Page 385 as Document No. 363385.

Per NRS 111.312, this legal description was previously recorded at Document No. 0446786, Book No. 0898, Page 1989, on August 10, 1998.

Affiant was the husband of Margaret Fasel, up to and until her death.

Margaret Fasel died on the 18th day of February, 2006, in Douglas County, Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand this 23rd day of March, 2006.

Reynold Fasel

STATE OF NEVADA

) ss.

COUNTY OF DOUGLAS

This instrument was acknowledged before me on the 23rd day of March, 2006, by Reynold Fasel.

WITNESS my hand and official seal.

NOTARY PUBLIC STATE OF NEVADA
County of Douglas
SONYA M. KOENIG
No. 98 48331-4
My Appointment Expires January 31, 2008

NOTARY PUBLIC

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STATE OF NEVADA

ERTIFICATION 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 GERTIFICATE OF DEATH

LOCAL FILE NUMBER DATE OF DEATH (Month, Day, Year) TYPE OR PRINT IN DECEASED-NAME February 18, 2006 Douglas FASEL Margaret PERMANENT BLACK INK If Hosp. or Inst. Indicate OOA, OP/Emer. Rm. Inpatient (Specify) CITY, TOWN OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Зе. 1284 Topaz Lane 4 Female **Gardnerville** ECEDENT ecedent of Hispanic Origin? Specify 3 yes 2 no if yes, AGE—Last UNDER 1 YEAR Mexican, Cuban, Puerio Ricen, alt. Birthday (Years) MOS DAYS UNDER 1 DAY DATE OF SIRTH (Mo., Day, Yr.) RACE—(e.g., White, Black, Americ Indian, etc.) (Specify) ا**8** تعد 7b. October 12,1924 White MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married STATE OF BIRTH (If not U.S.A., name country) Deceders's Education. S SURVIVING SPOUSE (if wife, give maid F DEATH OCCURRED IN INSTITUTION SEE HANDBOOK 12 Years Married Reynold Fase1 England USUAL OCCUPATION (Give Kindled Werk Done During Nost of Worlding Life, Even if Retified) KIND OF BUSINESS OR INDUSTRY SOCIAL SECURITY NUMBER REGARDING COMPLETION OF - Homemaker Own Home 2960 IDENCE ITEM STREET AND NUMBER RESIDENCE-STATE CITY, TOWN, OR LOCATION INSIDE CITY LIMITS 1541284 Topaz Lane Gardnerville Yes 15a. Nevada MOTHER-MAIDEN NAME FATHER-NAME ARENTS Daisy Baker Ernesi (Street or R.F.D. No., Chy or Town, State, Zip) INFORMANT-NAME (Type or Pent) MAILING ADDRESS 1284 Topaz Lane, Gardnerville, Nevada Ray Fasel CEMETERY OR CREMATOR FitzHenry's Crematory Carson City, Actual Director Name and adoptes of FACILITY FitzHenry's Carson Valley Funeral Cremation SPOSITION 200 Home. 1380 Hwy 395. Gardnerville. NV 89410 HOUR OF DEATH ERTIFIER PRONOUNCED DEAD (Hour) A PRONOUNCED DEAD (Ma., Day, Yr.) NAME OF ATTENDING PRYSICIAN IF OTHER THAN CERTIFIER (Pyce of Print) 98.6 NAME AND ADDRESS OF CERTIFIER (RHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINET OR CORONER). (Type of Print) LICENSE NUMBER 23 Ralph Herbig D.O., 1540 Hwy 395, #E. Gardnerville, NV 89410 984 DATE RECEIVED BY REGISTRAN (Mo. Day, Vr.) DEATH DUE TO COMMUNICABLE DISEASE NDITIONS #em.an.2000 24 Interval between onset and dear Me may am minutes PART months DUE TO, OR AS A CO AUSE OF OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the undertifing cause given in Part 1. AUTOPSY WAS CASE REFERRED TO CORONER (Specify Yes or No) DEATH DATE OF INJURY (Ma., Day, Yr.) HOUR OF INJURY ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. 28d CITY OF TOWN LOCATION. STREET OR R.F.D. No. INJURY AT WORK (Specify Yes of No) PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) No. 325147

104232

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.

STATE REGISTRAR

DATE ISSUED:

FEB 2 2 2006

This copy is not valid unless prepared or lengraved border displaying date, seal and signature of Registrar



STATE REGISTRAR