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Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0706 PG- 7330 RPTT: 0.00

A.P.N.: 1420-07-817-038



✓ When Recorded return to, and mail Tax Statements to:
Betty Wood
945 Vassar St
Carson City, NV 89705

AFFIDAVIT - TERMINATING JOINT TENANCY

Betty E. Wood, of legal age, being first duly sworn, deposes and says:

That **Leslie Wood**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Leslie Wood** named as one of the parties in that certain **Grant Deed** dated **10/24/03** executed by **Earl S. Isaacson Trustee and Janice L. Isaacson, Trustees to Leslie Wood and Betty E. Wood** as joint tenants, recorded as Document No. **0595468** on **10/30/03** in Book **1003** of Official Records of County, **Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

See Exhibit "A" attached hereto and made a part hereof

Betty E. Wood
Betty E. Wood Date

STATE OF NEVADA)
) :ss.
COUNTY OF DOUGLAS)

This instrument was acknowledged before me on 7/21/06
_____ by Betty E. Wood



Mary Kelsh

Notary Public
(My commission expires: 11/5/06)

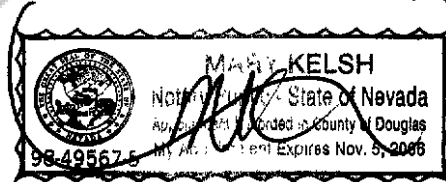
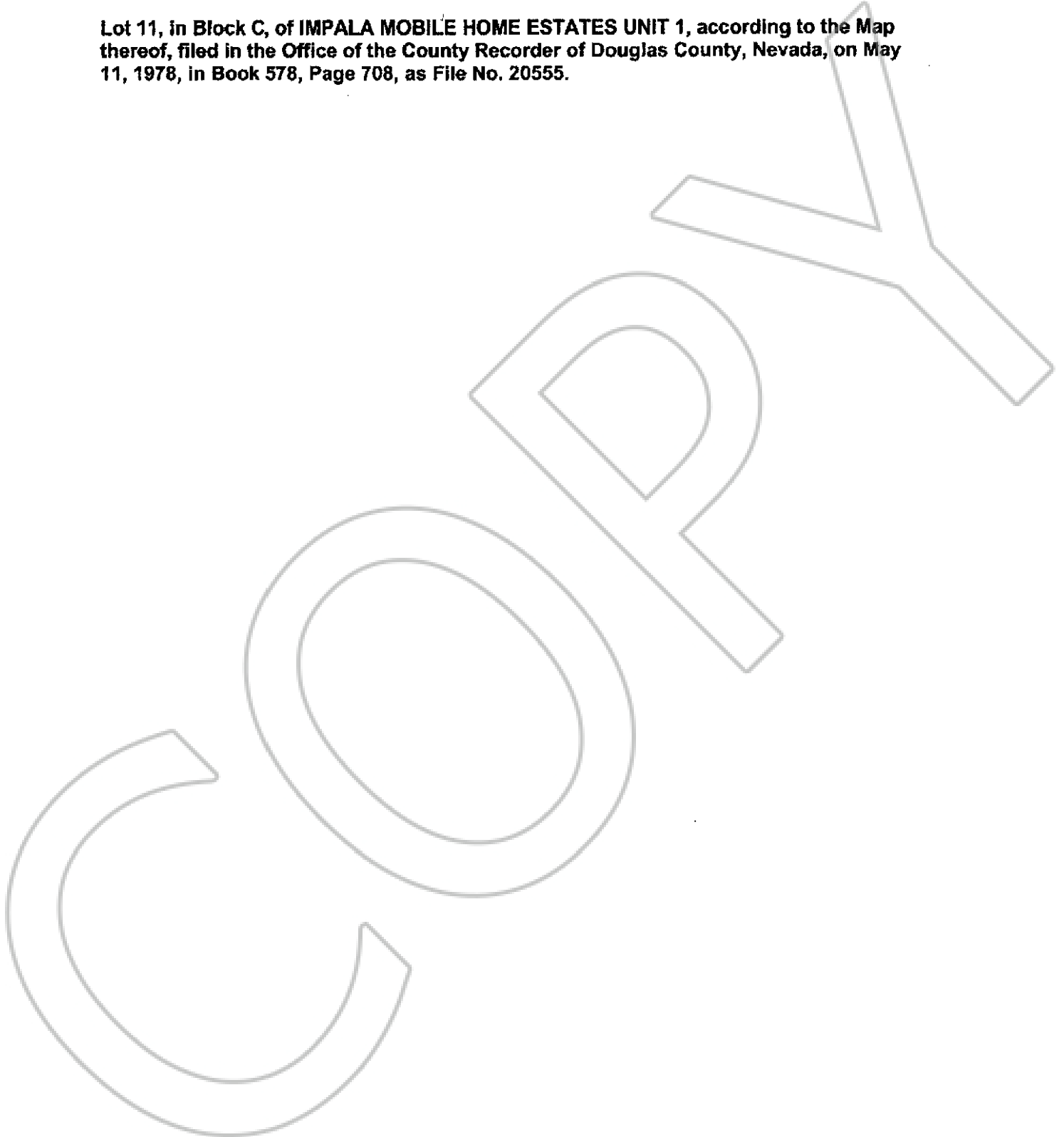


Exhibit A

Lot 11, in Block C, of IMPALA MOBILE HOME ESTATES UNIT 1, according to the Map thereof, filed in the Office of the County Recorder of Douglas County, Nevada, on May 11, 1978, in Book 578, Page 708, as File No. 20555.



STATE OF NEVADA
CERTIFICATION 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
CERTIFICATE OF DEATH

TYPE PRINT IN PERMANENT BLACK INK
IDENT
DEATH OCCURRED IN INSTITUTION HOSPITAL BOARDING HOUSE OR PLACE OF RESIDENCE ITEMS
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LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Leslie		WOOD		2 July 6, 2006		3a Carson City	
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. (Specify)		SEX	
3b Carson City		3c Mountain View Evergreen		3d Inpatient		4 Male	
5. White		6. Was Decedent of Hispanic Origin? Specify Yes or No. If Yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
9a. England		9b. USA		7a 88		8 March 7, 1918	
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)	
9a. England		9b. USA		10 12		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even If Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
13. 9374		14a. Painting Foreman		14b. Construction		12 Betty E. Leiter	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Douglas		15c. Carson City		15d. 945 Vassar St.	
INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		15e. Yes	
		16. Thomas Wood		17. Annie Anderson			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Betty E. Wood		18b. 945 Vassar St. Carson City, NV 89705					
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			
20a. <i>Jimmy DeMott</i>		20b. 05		20c. Walton's Chapel of The Valley 1281 N. Roop St. Carson City, NV 89706			
21. To the best of my knowledge, belief, and opinion, 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	
21b. 7/7/06		21c. 1400		22b. <i>[Signature]</i>		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type of Title)		21d.		22d. ON		22e. AT	
21d.		NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type of Print)		LICENSE NUMBER			
23a. Laurence Gay, M.D. P.O. Box 19936 Reno, NV 89511		23b. 5152					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. <i>Mike Nunn</i>		24b. July 10, 2006		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						Interval between onset and death	
PART I (a) Cardiac arrest		DUE TO, OR AS A CONSEQUENCE OF:				seconds	
(b) Dehydration		DUE TO, OR AS A CONSEQUENCE OF:				days	
(c) Anorexia		DUE TO, OR AS A CONSEQUENCE OF:				days	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		MASSIVE CAROTID ARTERY ACCIDENT		AUTOPSY (Specify Yes or No)		27. WAS CASE REFERRED TO CORONER (Specify Yes or No)	
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. M		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.			



125198

CERTIFIED COPY OF VITAL RECORDS

No. 340960

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.

DATE ISSUED: JUL 10 2006

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

BK- 0706
PG- 7332
07/21/2006