

Douglas County - NV
Werner Christen - Recorder

A.P.N.: 1420-07-812-013
File No: ()132-2267874

Page: 1 Of 2 Fee: 15.00
BK-0806 PG- 5902 RPT: 0.00



When Recorded return to, and mail Tax Statements to:
Virginia M. Wall
978 Desert Drive
Carson City, Nv. 89705

AFFIDAVIT - TERMINATING JOINT TENANCY

Virginia M. Wall, of legal age, being first duly sworn, deposes and says:

That **Vincent E. Wall**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Vincent E. Wall** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **April 12, 2006** executed by **Cameron G. Carmichael, Successor Trustee under the Charles S. Carmichael Trust dated December 31, 1999** to **Vincent E. Wall and Virginia M. Wall, husband and wife, as Joint Tenants with Right of Survivorship** as joint tenants, recorded as Document No. **0674992** on **May 16, 2006** in Book **0506 Page 5941** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

LOT 6, IN BLOCK R, AS SET FORTH ON FINAL MAP NO. 1001-9 OF SUNRIDGE HEIGHTS, PHASES 6B, 7A AND 8B, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON JANUARY 30, 1996, IN BOOK 196, PAGE 5112, AS DOCUMENT NO. 380052 AND BY CERTIFICATE OF AMENDMENT RECORDED FEBRUARY 02, 1996, IN BOOK 296, PAGE 251, AS DOCUMENT NO. 380351.

Virginia M Wall 7/21/06

Virginia M. Wall Date

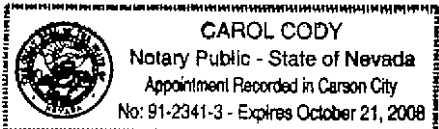
STATE OF **NEVADA**)
)
) :ss.
COUNTY OF **CARSON CITY**)

This instrument was acknowledged before me on 7-21-2006
_____ by

Virginia M. Wall
Carol Cody

Notary Public

(My commission expires: _____)



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

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last 1. Vincent E. WALL		DATE OF DEATH (Month, Day, Year) 2. June 30, 2006	COUNTY OF DEATH 3a. Carson City
CITY, TOWN OR LOCATION OF DEATH 3b. Carson City		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Evergreen Carson City Health Care	If Hosp. or Inst. indicate DOA, OP/Emmer. Fin. Inpatient (Specify) 3e. Inpatient
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	SEX 4. Male
STATE OF BIRTH (If not U.S.A., name country) 8a. Connecticut	CITIZEN OF WHAT COUNTRY 9b. USA	Decedent's Education. Specify highest grade completed. 10. 12	DATE OF BIRTH (Mo., Day, Yr.) 8. June 21, 1925
SOCIAL SECURITY NUMBER 13. 8064	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Tool & Die Maker	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	SURVIVING SPOUSE (If wife, give maiden name) 12. Virginia Whalen
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Carson City	STREET AND NUMBER 15d. 978 Desert Dr.
FATHER—NAME First Middle Last 16. Vincent Francis Wall		MOTHER—MAIDEN NAME First Middle Last 17. Elizabeth Bowen	
INFORMANT—NAME (Type or Print) 18a. Virginia Wall		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 978 Desert Drive Carson City, Nevada 89705	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation	CEMETERY OR CREMATORY—NAME 19b. Carson Sierra Crematory	LOCATION City or Town State 19c. Carson City Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>	FUNERAL DIRECTOR LICENSE NUMBER 20b. 09	NAME AND ADDRESS OF FACILITY 20c. Society 1614 N. Curry St. Carson City, NV 89703	
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) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 21b. 7/2/06		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) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 22b. PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON	
HOUR OF DEATH 21c. 21:30		HOUR OF DEATH 22c. PRONOUNCED DEAD (Hour) 22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Gail Krivan M.D. 1001 N. Mountain St. Carson City, Nevada		LICENSE NUMBER 89703	LICENSE NUMBER 23b. 9735
REGISTRAR 24a. (Signature) <i>[Signature]</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. July 3, 2006	DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			
PART I	(a) Failure to thrive DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death	
	(b) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death	
	(c) Dementia	Interval between onset and death	
PART II	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.	AUTOPSY (Specify Yes or No) 26. No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION. 28g.	STREET OR R.F.D. No. CITY OR TOWN STATE

STATE REGISTRAR

No. 338531

124385

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.

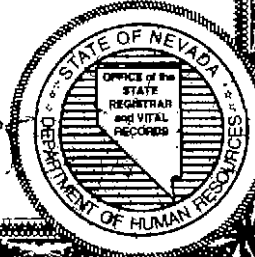
DATE ISSUED:

JUL 3 2006

STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE



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PG- 5903
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