0685796 DOC 10/05/2006 12:46 PM Deputy: OFFICIAL RECORD Requested By:

FIRST AMERICAN TITLE COMPANY

A.P.N.: File No:

1320-30-211-071 143-2291192 (MO)

Douglas County - NV Recorder Werner Christen -

Page: 1

2 0f

15.00 0.00

BK-1006

PG- 1470 RPTT:

When Recorded return to, and mail Tax Statements to:

Virginia F. Reld 800 W. Oakton St. APT 16

Arlington Heights, IL, 60004

AFFIDAVIT - TERMINATING JOINT TENANCY

Virginia F. Reid, of legal age, being first duly sworn, deposes and says:

That Billie H. Reid, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as Billie H. Reid named as one of the parties in that certain Grant, Bargain and Sale Deed dated December 12, 1989 executed by William R. Tomerlin, Trustee and Marsha L Tomerlin, Trustee of The William R. Tomerlin Trust Dated January 12, 1982 to Virginia F. Reid and Billie H. Reid as joint tenants, recorded as Document No. 217498 on January 02, 1990 in Book 190/213 of Official Records of Douglas County, Nevada covering the following described property situated in the County of Douglas, State of Nevada:

LOT 1, IN BLOCK D, AS SHOWN ON THE MAP OF WESTWOOD VILLAGE UNIT NO. 1, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON OCTOBER 5, 1979, IN BOOK 1079, PAGE 440, **DOCUMENT NO. 46166.**

Virginia F. Reid

Date

STATE OF

NEVADA

) :SS.

COUNTY OF

DOUGLAS

This instrument was acknowledged before me on

Notary Public

(My commission expires: _

OFFICIAL SEAL CAROLE J. HANSEN NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 12-16-2007 I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

FEBRUARY 28, 1997 DATE: Ti#le, at Cook County Department of Public Health Official Chief Deputy Registrar REGISTRATION DISTRICT NO. CITY, TOWN, TWP, OR HOAD DISTRICT NUMBER COUNTY OF DEATH NUMBER FUNERAL HOME AND LAST SAW HIMMER ALIVE ON DATE OF OPERATION, IF ANY **HESIDENCE (STREET AND NUMBER** DECEASED AVAME TO THE BEST OF MY KNOWLEDGE, DEATH OCCURP NAME AND ADDRESS OF CERTIF REGISTERED WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING **Sevada** HIMANIT'S NAME (TYPEOHPRIN Ca Tallon Charles (Final se or concision Virginia Reid SMITH GAGRAN REGISTRAN RANGEN SENSOW [] Other significant conditions on COTTY AND STATE OR ronwood -4558 Glen ZP C20€ CEMETERY OR CHEMATORY-NAME 89423 Billie Extrago destribution in material of the underlying class of which PATTI SANCIE V J S M 7.6 MIDOLE Plantrose MAJOR FINDINGS OF OPERATION MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Harper OR AS A CONSEQUENCE OF のでもくれてら MEDICAL CERTIFICATE OF DEATH 20 5000 V AGE-LAST BIRTHDAY (YRS) 5a. 79 HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT INEITHER, GIVE STREET AND NUMBER) 787 Harper Contract 40% C STHEET AND NUMBER OF RED TIME, DATE AND PLACE AND DUE TO THE GAUSE(S) STATED Reid CITY, TOWN, TWP, OR ROAD DISTRICT the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, each line. 17b. Spouse Minden STATE OF ILLINOIS Bb. Virginia Lund Community Reid 24c. 010m0101 thooming Adv くちづくた m OF HISPANIC ORIGIN7 (SPECIFYNOOR YES-IF YES, SPECIFY CUBAN, MEXICAN, PLERTO ROAN, INC.) MOTHER-NAME ŧ Chicas E SECON North west Hospital EXAMINER NOTIFIED? NWOLLOWIN 下公公3 SISMOND 0 NWOLL BO ALIDY Male てこら DATE OF BIRTH (MONTH, DAY, YEAR) Tronwood n. NV 89423 EDUÇATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)

Elementary/Secondary (0-12)

College (1-4 or 5 +) (STHEET AND NO. ORH, F.D. FUNERAL DIRECTOR'S ILLEVOIS LICENSE NUMBER February SPECIFY 3.February 25, AUTOPSY (YESNO) MIDOLE BEOCHO- 480 Yes 717 IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? HOUR OF DEATH NOTE: IF AN INJURY WAS INVOLVED IN THES DEATH THE CONCINER OR INEDICAL EXAMINER INJURY DE NOTIFIED. DATE SIGNED ILLINOIS LICENSE NUMBER REGISTRAR (MONTH, DAY, YEAR 14 , CATY OR TOWN, STATE, ZIP) YES | NO | OP/EMER. PM, INPATIENT (BPECIFY) (MONTH, DAY, YEAR) 5-32.C 1918 r ARMED FORCES? (YES/NO (MAIDEN) LAST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Inpatient 1997 と配 (MONTH, DAY, YEAR)

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Yes

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