

A.P.N.: 1022-09-001-078
File No: 143-2288378 (NMP)

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 2 Fee: 15.00
BK-1006 PG- 4393 RPTT: 0.00

When Recorded return to, and mail Tax Statements to:
John F. Ellis
366556 Mangolia Street
Newark, CA 94560




AFFIDAVIT - TERMINATING JOINT TENANCY

John F. Ellis, of legal age, being first duly sworn, deposes and says:

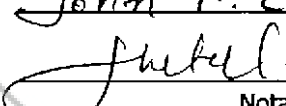
That **Frances V. Ellis**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Frances V. Ellis** named as one of the parties in that certain **Individual Grant Deed** dated **N/A** executed by **William S. Whitehead and Cheryl L. Whitehead** to **Robert P. Ellis and Frances V. Ellis** as joint tenants, recorded as Document No. **306137** on **May 3, 1993** in Book **0593**, Page **0109** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

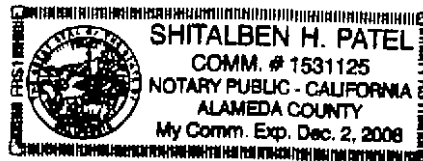
LOT 81, AS SHOWN ON THE MAP OF TOPAZ RANCH ESTATES UNIT NO. 3, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON MARCH 31, 1969, IN BOOK 1 OF MAPS, PAGE 221, AS DOCUMENT NO. 44091.


John F. Ellis Date 9/14/06

STATE OF California)
~~NEVADA~~)
COUNTY OF Alameda)
~~DOUGLAS~~) ss.

This instrument was acknowledged before me on 09/14/06 by

John F. Ellis

Notary Public
(My commission expires: 12/02/2009)



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		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Frances V. ELLIS		2. May 3, 2001	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. Rm. Inpatient (Specify)
3b. Carson City		3c. Carson-Tahoe Hospital	3e. Inpatient
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)
5. White		6.	7a. 70
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.
9a. New York		9b. U.S.A.	10. 12
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY
13. 2137		14a. Dietitian	14b. Medical
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION
15a. Nevada		15b. Douglas	15c. Wellington
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16.		17.	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Robert P. Ellis, Sr.		18b. 3775 Ballman Way, Wellington, Nevada 89444	
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>Jammy Bens</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	
21b. 5-7-01		21c. 1215	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER	
23a. Dr. R. McDonald, 710 W. Washington Street, Carson City, Nv		23b. 6433	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE
24a. <i>Ron Cook</i>		24b. May 8, 2001	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 1 (a) Sepsis Shook		: days	
(b) Metastatic Breast Cancer		: years	
(c) CHF		: months	
PART 1 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
		26. No	27. No
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
29.	28f.	28g.	

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

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BK- 1006
PG- 4394

No.160631

STATE REGISTRAR

Yvonne Sylva

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

Date Issued: MAY 08 2001

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT