

Douglas County - NV
Werner Christen - Recorder
Page: 1 OF 2 Fee: 15.00
BK-1006 PG- 6337 RPTT: 0.00

A.P.N.: 1221-17-000-002
File No: 143-2294789 (NMP)



When Recorded return to, and mail Tax Statements to:
Savage
885 Fred's Street
Gardnerville, NV 89410

AFFIDAVIT - TERMINATING JOINT TENANCY

Mary E. Savage, of legal age, being first duly sworn, deposes and says:

That **William Philip Kendall**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **William P. Kendall** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **October 26, 2006** executed by **Mary E. Savage** to **Mary E. Savage and William Phillip Kendall** as joint tenants, recorded as Document No. **0660241** on **November 8, 2005** in Book **1105, Page 3801** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

THE SOUTH 1/2 OF THE NORTHWEST 1/4 OF THE NORTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 17, TOWNSHIP 12 NORTH, RANGE 21 EAST, M.D.B.&M.

SAID PARCEL OF LAND BEING FURTHER SHOWN ON RECORD OF SURVEY FOR BARBARA J. SEEMAN, RECORDED ON MARCH 28, 1989, IN BOOK 389, AT PAGE 3832, DOCUMENT NO. 199060 OF OFFICIAL RECORDS.

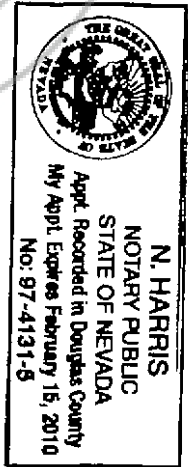
Mary E. Savage 10/13/06
Mary E. Savage Date

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

This instrument was acknowledged before me on 10/13/06 by

Mary E. Savage
W. Harris

Notary Public
(My commission expires: 2/15/10)



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		DATE OF DEATH (Month, Day, Year)	
1. William Philip KENDALL		2. May 27, 2006	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Gardnerville		3a. Douglas	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emem. Pm. Inpatient (Specify)	
3c. 885 Fred St.		3e. Male	
RACE—(e.g. White, Black, American Indian, etc.) (Specify)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		8. July 28, 1961	
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)	
6.		7a. 44	
STATE OF BIRTH (If not U.S.A., name country)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. Pennsylvania		11. Married	
CITIZEN OF WHAT COUNTRY		SURVIVING SPOUSE (If wife, give maiden name)	
9b. U.S.A.		12. Mary Savage	
SOCIAL SECURITY NUMBER		KIND OF BUSINESS OR INDUSTRY	
13. ██████████ 5584		14b. Electronics	
USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even If Retired)		14a. Electronic Designer	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Gardnerville	
COUNTY		STREET AND NUMBER	
15b. Douglas		15d. 885 Fred St.	
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. William H. Kendall		17. Phyllis Cusatt	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Mary Savage - Wife		18b. 885 Fred St. Gardnerville, Nevada 89410	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. FitzHenry's Crematory	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		LOCATION City or Town State	
20a. <i>[Signature]</i>		19c. Carson City, Nevada	
FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20b. 217		20c. Home, 1380 Hwy 395, Gardnerville, NV 89410	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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>		(Signature and Title) <i>[Signature]</i>	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. <i>[Signature]</i>		22b. 6/30/2006	
HOUR OF DEATH		HOUR OF DEATH	
21c. <i>[Signature]</i>		22c. 1230	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. <i>[Signature]</i>		22d. ON 5-27-06	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		PRONOUNCED DEAD (Hour)	
23a. Mark Hounsell, Deputy Sheriff, P.O. Box 218, Minden, NV 89423		22e. AT 1230	
LICENSE NUMBER		23b. 374	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. <i>[Signature]</i>		24b. July 6, 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))		INTERVAL BETWEEN ONSET AND DEATH	
PART I (a) Cirrhosis of liver		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) Chronic ethanolism		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		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. Yes		27. Yes	
ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a. <i>[Signature]</i>		28b. <i>[Signature]</i>	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. M		28d. <i>[Signature]</i>	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e. <i>[Signature]</i>		28f. <i>[Signature]</i>	
LOCATION		STREET OR R.F.D. No.	
28g. <i>[Signature]</i>		CITY OR TOWN	
STATE		STATE	

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

IF DEATH OCCURRED IN INSTITUTION OF HANDBOOK REGARDING COMPLETION OF SOURCE ITEMS

RENTS

POSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE LISTING THE EARLIEST ONE LAST

USE OF EARTH

BK- 1006
PG- 6338
Page: 2 OF 2 10/18/2006
0686661



124636

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 - 6 2006

[Signature]
STATE REGISTRAR



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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

No. 335810