

Douglas County - NV
Werner Christen - Recorder

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BK-0207 PG- 91 RPTT: 0.00

A.P.N.: 1320-31-513-006
File No: 143-2306635 (MK)



When Recorded return to, and mail Tax Statements to:
Dorothy Wayt
#1 Fernbank
Irvine CA 92604

AFFIDAVIT - TERMINATING JOINT TENANCY

Dorothy Wayt, of legal age, being first duly sworn, deposes and says:

That **Robert S. Wayt**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Robert S. Wayt** named as one of the parties in that certain **Deed of Trust** dated **January 26, 1989** executed by **Robert S. Wayt and Dorothy Wayt to Dorothy Wayt and Robert S. Wayt** as joint tenants, recorded as Document No. on in Book of Official Records of County, covering the following described property situated in the County of , State of :

LOT 15, IN BLOCK C, AS SAID LOT AND BLOCK ARE SHOWN ON THE MAP OF BELARRA SUBDIVISION, UNIT NO. 3, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON SEPTEMBER 18, 1978, AS DOCUMENT NO. 25373.

Dorothy S. Wayt 1-24-07

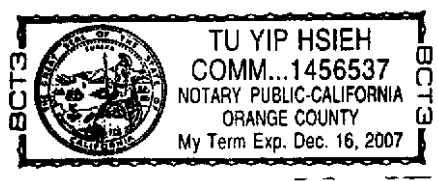
Dorothy Wayt Date

STATE OF CA)
)
) :ss.
COUNTY OF Orange)

This instrument was acknowledged before me on 1/24/07 by

Dorothy Wayt
[Signature]

Notary Public
(My commission expires: Dec 16, 2007)



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
HEALTH CARE AGENCY

1200 N. MAIN STREET, SUITE 100-A
 SANTA ANA, CA 92701

3 200330 006625

CERTIFICATE OF DEATH

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY IN NO. ENTRIES, WITHOUT ORAL ALTERATIONS 15-21 (REV. 1/03)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
Robert		Stanley		Wayt	
A.K.A. ALSO KNOWN AS -- Include MR AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH <small>month/day/yr</small>		5. AGE Yrs. <small>Months Days Hours Minutes</small>	
		04/01/1917		86 M	
8. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?	
WV		1945		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION -- Highest Level Degree (See worksheet on back)		14/16. WAS DECEDENT SPANISH-HISPANIC/LATINO? (If yes, see worksheet on back)		12. MARITAL STATUS (at Time of Death)	
HS Graduate <input checked="" type="checkbox"/> YES		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Married	
17. USUAL OCCUPATION -- Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, food construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
Airline Pilot		Air Transportation		33	
20. DECEDENT'S RESIDENCE (Street and number or location)					
2993 Young					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
Tustin		Orange		92782	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
24		CA			
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		
Dorothy L. Wayt/Wife			2993 Young, Tustin, CA 92782		
28. NAME OF SURVIVING SPOUSE -- FIRST		29. MIDDLE		30. LAST (Maiden Name)	
Dorothy		Louise		Perry	
31. NAME OF FATHER -- FIRST		32. MIDDLE		33. LAST	
William				Wayt	
34. BIRTH STATE		35. NAME OF MOTHER -- FIRST		36. BIRTH STATE	
Inkown		Lillian		PA	
37. LAST (Maiden)		38. BIRTH STATE			
Crow		PA			
39. DISPOSITION DATE <small>month/day/yr</small>		40. PLACE OF FINAL DISPOSITION			
05/23/2003		At sea, 500 yards off the coast of Orange County, CA.			
41. TYPE OF DISPOSITION(S)		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
CRE/SEA		Not embalmed			
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
Saddleback Chapel Mortuary		FD-1099		Mark B Horton	
47. DATE <small>month/day/yr</small>		48. SIGNATURE OF LOCAL REGISTRAR			
05/19/2003		Mark B Horton			
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
Good Samaritan Board & Care		<input type="checkbox"/> IP <input type="checkbox"/> EPICP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice		<input checked="" type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)		106. CITY	
Orange		26831 Via Grande		Mission Viejo	
107. CAUSE OF DEATH		Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascularification without showing the etiology. DO NOT ABBREVIATE.		108. DEATH REPORTED TO CORONER?	
IMMEDIATE CAUSE (Final clinical condition resulting in death)		Cardiopulmonary Arrest		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Underlying cause (Sequentially list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE closest to injury that initiated the event resulting in death LAST)		Acute Myocardial Infarction		109. DEATH REPORTED TO CORONER?	
		Coronary Artery Disease		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		Advanced Alzheimer's Dementia		111. DEATH REPORTED TO CORONER?	
112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		No		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
113. IDENTIFY THAT TO THE BEST OF HIS KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		114. SIGNATURE AND TITLE OF CERTIFIER		115. LICENSE NUMBER	
Decedent Attended Since: Decedent Last Seen Alive		M. Fleck		A63313	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. DATE <small>month/day/yr</small>		118. INJURED AT WORK?	
Magdi G. Messiha, MD, 355 Placencia Ave. #201, Newport Beach,		05/16/2003		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
119. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.		120. INJURED AT WORK?		121. BIRTH DATE <small>month/day/yr</small>	
MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidents <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		122. HOUR (24 Hours)	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
125. LOCATION OF BURIAL (Street and number, or location, and city, and ZIP)		126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE <small>month/day/yr</small>	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					
STATE REGISTRAR		A B C D E		FAX AUTH. # CENSUS TRACT	

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 PG- 92
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CERTIFIED COPY OF VITAL RECORDS
 MAY 21 2003

STATE OF CALIFORNIA
 COUNTY OF ORANGE

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file in the office of the VITAL RECORDS SECTION, ORANGE COUNTY HEALTH CARE AGENCY.

Mark B Horton
 MARK B. HORTON, M.D.
 HEALTH OFFICER
 ORANGE COUNTY, CALIFORNIA

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

