

Douglas County - NV  
Werner Christen - Recorder  
Page: 1 Of 2 Fee: 15.00  
BK-0207 PG- 7424 RPTT: 0.00

A.P.N.: 1420-07-510-001  
File No: 143-2307092 (NMP)



When Recorded return to, and mail Tax Statements to:  
Chilton  
3464 Weaver Place  
Reno, NV 89512

**AFFIDAVIT - TERMINATING JOINT TENANCY**

**Karen Chilton and Virginia Chilton**, of legal age, being first duly sworn, deposes and says:

That John Corbin Chilton the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **John Chilton** named as one of the parties in that certain **Corporation Grant, Bargain and Sale Deed** dated **October 12, 1998** executed by **Syncon Homes** to **Karen Chilton and Virginia Chilton and John Chilton** as joint tenants, recorded as Document No. **0452590** on **October 26, 1998** in Book **1098, Page 5309** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas, State of Nevada** :

**LOT 15, IN BLOCK K, AS SHOWN ON THE FINAL MAP # 1007-3 OF VALLEY VISTA ESTATES, PHASE 2, RECORDED IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER, STATE OF THE NEVADA, ON AUGUST 29, 1997, IN BOOK 897, AT PAGE 6072, AS DOCUMENT NO. 420670, OFFICIAL RECORDS.**

Virginia Chilton 1-25-07  
Virginia Chilton Date

STATE OF NEVADA )  
 ) :SS.  
COUNTY OF DOUGLAS )

This instrument was acknowledged before me on 1/25/2007 by virginia G chilton

[Signature]  
\_\_\_\_\_  
Notary Public  
(My commission expires: \_\_\_\_\_)

SHIRIN GHANAVATI  
Notary Public - State of Nevada  
Appointment Recorded in Washoe County  
No: 06-105112-2 - Expires April 3, 2010

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# 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

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

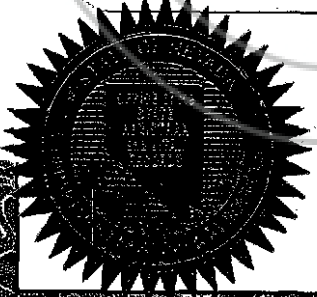
DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER		
1. DECEASED—NAME First Middle Last <b>John Carlin CHILTON</b>			2. DATE OF DEATH (Month, Day, Year) <b>January 20, 2000</b>		3a. COUNTY OF DEATH <b>Carson City</b>
3b. CITY, TOWN OR LOCATION OF DEATH <b>Carson City</b>		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>Carson Tahoe Hospital</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Inpatient</b>	
4. RACE—(e.g. White, Black, American Indian, etc.) (Specify) <b>White</b>		5. 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 <b>Male</b>	
7. AGE—Last Birthday (Years) <b>81</b>		8. UNDER 1 YEAR MOS : DAYS <b>:</b>		9. UNDER 1 DAY HOURS : MINS <b>:</b>	
10. DATE OF BIRTH (Mo., Day, Yr.) <b>July 27, 1918</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Virginia Spicer</b>	
13. STATE OF BIRTH (If not U.S.A., name country) <b>Oklahoma</b>		14. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		15. Decedent's Education. Specify highest grade completed. <b>14</b>	
16. SOCIAL SECURITY NUMBER <b>7657</b>		17. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Airline Machinist</b>		18. KIND OF BUSINESS OR INDUSTRY <b>Transportaion Industry</b>	
19. RESIDENCE—STATE <b>Nevada</b>		20. COUNTY <b>Carson City</b>		21. CITY, TOWN, OR LOCATION <b>Carson City</b>	
22. STREET AND NUMBER <b>898</b>		23. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		24. FATHER—NAME First Middle Last <b>Wade Chilton</b>	
25. MOTHER—MAIDEN NAME First Middle Last <b>Ruth Drury</b>		26. INFORMANT—NAME (Type or Print) <b>Virginia Chilton</b>		27. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>898 Valley Crest Drive, Carson City, Nevada 89705</b>	
28. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		29. CEMETERY OR CREMATORY—NAME <b>Walton's Sierra Crematory</b>		30. LOCATION City or Town State <b>Carson City, Nevada</b>	
31. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Jimmy B...</i>		32. FUNERAL DIRECTOR LICENSE NUMBER <b>9</b>		33. NAME AND ADDRESS OF FACILITY <b>Walton's Chapel of the Valley 1281 North Roop St., Carson City, Nevada 89706</b>	
34. To be completed by CERTIFYING PHYSICIAN 21a. Signature and Title <i>B. Bottenberg MD</i>		35. To be completed by Coroner's Office 22a. Signature and Title <i>[Signature]</i>		36. DATE SIGNED (Mo., Day, Yr.) <b>1/24/00</b>	
37. HOUR OF DEATH <b>1605</b>		38. PRONOUNCED DEAD (Mo., Day, Yr.) <b>ON</b>		39. PRONOUNCED DEAD (Hour) <b>AT</b>	
40. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Dr. B. Bottenberg, 1001 Mountain St., Carson City, Nevada 89703</b>					41. LICENSE NUMBER <b>D0674</b>
42. REGISTRAR <i>Vera R. Keckler</i>		43. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>Jan 25, 2000</b>		44. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
45. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I (a) <b>Acute cardiopulmonary arrest</b>		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART I (b) <b>acute myocardial infarction</b>		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No) <b>No</b>		WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
46. ACC., SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify) <b>25a.</b>		47. DATE OF INJURY (Mo., Day, Yr.) <b>28b.</b>		48. HOUR OF INJURY <b>28c.</b>	
49. INJURY AT WORK (Specify Yes or No) <b>25e.</b>		50. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>28i.</b>		51. DESCRIBE HOW INJURY OCCURRED <b>28d.</b>	
52. LOCATION. STREET OR R.F.D. No.		53. CITY OR TOWN		54. STATE	



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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: **JAN 25 2000**

State Registrar