

Douglas County - NV  
Werner Christen - Recorder

Page: 1 Of 2 Fee: 15.00  
BK-0307 PG- 4555 RPTT: 0.00

A.P.N.: 1420-08-212-026  
File No: 143-2311800 (MO)



When Recorded return to, and mail Tax Statements to:  
Barbara D. Harrill  
1025 Haystack Drive  
Carson City, NV 89705

### AFFIDAVIT - TERMINATING JOINT TENANCY

**Barbara D. Harrill**, of legal age, being first duly sworn, deposes and says:

That **George R. Harrill**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **George R. Harrill** named as one of the parties in that certain **Corporation Grant Deed** dated **April 5, 2001** executed by **H & S Construction, Inc. a Nevada Corporation** to **Barbara D. Harrill and George R. Harrill** as joint tenants, recorded as Document No. **512303** on **April 13, 2001** in Book **0401, Page 3504** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas**, State of Nevada :

**LOT 3, BLOCK J, AS SHOWN ON THE AMENDED MAP OF SUNRIDGE HEIGHTS PHASE 5B, A PLANNED UNIT DEVELOPMENT, FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA, ON FEBRUARY 22, 1995, IN BOOK 295, PAGE 3219, AS DOCUMENT NO. 356642.**

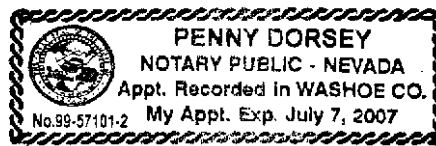
*Barbara D. Harrill* 2/27/07  
Barbara D. Harrill Date

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

This instrument was acknowledged before me on *FEBRUARY 27, 2007*  
\_\_\_\_\_ by

Barbara D. Harrill  
*Penny Dorsey*  
Notary Public

(My commission expires: *7/07/07*)



**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**

TYPE OR PRINT IN PERMANENT BLACK INK

IDENT

DEATH OCCURRED IN INSTITUTION CHANDOOK RECORDING SELECTION OF SOURCE ITEMS

MENTS

POSITION

TIFIER

CTIONS MAY BE GIVEN TO DIABASE USE THE FOLLOWING LAST

SE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
1.	George	Reece	HARRILL	2 June 5, 2006	3a. Douglas
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OPEmer. Rm. Inpatient (Specify)	SEX
3b.	Carson City	3c. 1025 Haystack Drive		3e.	4. Male
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)	UNDER 1 YEAR: MOS : DAYS	UNDER 1 DAY: HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)
5. White	6.	7a. 42	7b.	7c.	8. October 12, 1963
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)	
9a. California	9b. U.S.A.	10. 16 years	11. Married	12. Barbara Julian	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		
13. 4799	14a. Branch Manager		14b. United Rentals		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
15a. Nevada	15b. Douglas	15c. Carson City	15d. 1025 Haystack Dr.	15e. yes	
FATHER—NAME	MOTHER—MAIDEN NAME				
16. James	17. Patsy	Seely			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Barbara Harrill - Wife		18b. 1025 Haystack Drive, Carson City, NV 89705			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State			
19a. Cremation	19b. FitzHenry's Crematory	19c. Carson City, NV			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY			
20a. [Signature]	20b. 217	20c. FitzHenry's Funeral Home 3945 Fairview Drive, Carson City, NV 89701			
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		DATE SIGNED (Mo., Day, Yr.)	
21b. 6/7/2006		21c. 0725		22b.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
21d.		22d. ON		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)				LICENSE NUMBER	
23a. Stephen Hewitt M.D., 1090 3rd St. #1, South Lake Tahoe, CA 96150				23b. 1107	
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE			
24a. [Signature]	24b. June 8, 2006	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I	(a) Brain CA	Interval between onset and death: 6mos			
	(b) Cerebrovascular accident	Interval between onset and death: 3mos			
	(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)	WAS CASE REFERRED TO CORONER (Specify Yes or No)	
			26. no	27. no	
ACC., SUICIDE, HOMICIDE, UNDETERMINED, OR PENDING INVESTIGATION (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
28a.	28b.	28c. M	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
28e.	28f.	28g.			

BK- 0307  
PG- 4556  
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No. 338577

STATE REGISTRAR

120437

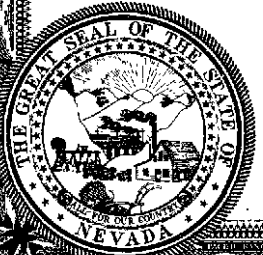
CERTIFIED COPY OF VITAL RECORDS

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: JUN - 8 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 VOID THIS CERTIFICATE