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DOC # 0699050
04/13/2007 10:30 AM Deputy: CF
OFFICIAL RECORD
Requested By:
JACK AJ SAYLOR

Assessor's Parcel Number: 1220-24-501-014

Recording Requested By:

Name: Jack A.J. Saylor, Trustee
Address: Jack A.J. Saylor Living Trust
City/State/Zip: PO Box 397 Gardnerville, NV 89410

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 4 Fee: 17.00
BK-0407 PG- 3784 RPTT: 0.00



Mail Tax Statements to:

Name: Jack A.J. Saylor, Trustee
Address: Jack A.J. Saylor Living Trust
City/State/Zip: PO Box 397 Gardnerville, NV 89410

Please complete Affirmation Statement below:

XX I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

I the undersigned hereby affirm that this document submitted for Recording contains the social security number of a person or persons as required by law: _____ (state specific law)

Jack A.J. Saylor
Signature (Print name under signature)

Trustee of the Jack A.J. Saylor Living Trust
Title

Jack A.J. Saylor

Declaration of Joint Tenancy Termination

(Title of Document)

If legal description is a metes & bounds description furnish the following information:

Legal description obtained from: Ind. Grant Deed (Document Title), Book: 591 Page: 1226
Document # 251656 recorded May 29, 1991 (Date) in the Douglas County Recorders Office.

-OR-

If Surveyor, please provide name and address:

This page added to provide additional information required by NRS 111.312 Sections 1-4.

(Additional recording fees apply)

Return to:

Jack A.J. Saylor, Trustee
Jack A.J. Saylor Living Trust
u/t/d September 25, 2006
PO Box 397
790 Mustang Lane
Gardnerville, Nevada 89410

DECLARATION OF JOINT TENANCY TERMINATION

The undersigned, JACK A.J. SAYLOR, hereby declares that I am the surviving joint tenant and surviving spouse of SHANNA L. SAYLOR, Deceased. That Shanna L. Saylor died on the 6th day of December 2005, a resident of Douglas County, Nevada.

That on the date of death, the decedent and the undersigned, who acquired title as Jack J.A. Saylor, were the owners, as joint tenants with right of survivorship, of the following described real property, to-wit:

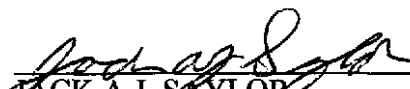
A portion of the Northeast Quarter of Section 24, Township 12 North, Range 20 East, M.D.M., shown as Parcel D-1 on that parcel map for Garry den Heyer and Carol June den Heyer, recorded March 13, 1989 in Book 389, Page 1681, as Document No. 198078 of Official Records Douglas County, Nevada.

A.P.N. 29-462-49

By virtue of the death of the above-named decedent and in accordance with the provisions of NRS 111.365, this statement is filed with the Clerk and Recorder, Douglas County, Nevada, for the purpose of giving notice of the joint tenancy termination and vesting of the entire interest in the above-described property in the name of Jack A.J. Saylor.

NOTICE IS FURTHER GIVEN that on the date of death the value of the above-described property was the sum of \$400,000.00, which results in an adjustment in my basis in the property by virtue of the transfer of the decedent's interest to the undersigned surviving joint tenant. That the total estate passing by reason of the death of said decedent does not exceed the sum of \$2,000,000.

Dated this 13th day of April, 2007.



JACK A.J. SAYLOR
Who acquired title as JACK J.A. SAYLOR

STATE OF NEVADA)
 : ss.
County of Douglas)

This instrument was acknowledged before me on this 13th day of April, 2007, by JACK A.J. SAYLOR, who acquired title as JACK J.A. SAYLOR.



Debra S York
Notary Public for the State of Nevada
Printed Name: Debra S York
Residing at Douglas Co., Nevada
My commission expires 7/14 2010

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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

20050018089

TYPE OF DEATH
 OCCURRED IN
 INSTITUTION
 PERMANENT
 BLACK INK

PARENTS

POSITION

CERTIFIER

CONDITIONS
 IF ANY
 WHICH GAVE
 RISE TO
 IMMEDIATE
 CAUSE

CAUSE OF
 DEATH

| | | | |
|--|---|--|--|
| LOCAL FILE NUMBER | | STATE FILE NUMBER | |
| DECEASED—NAME First Middle Last | | DATE OF DEATH (Month, Day, Year) | COUNTY OF DEATH |
| 1. Shanna Lea SAYLOR | | 2. December 6, 2005 | 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, OP/Emer. Fin. Inpatient (Specify) |
| 3b. Gardnerville | | 3c. 790 Mustang Lane | 3e. 6 |
| 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 (Year) |
| 5. White | | 6. | 7a. 53 |
| STATE OF BIRTH (If not U.S.A., name country) | | CITIZEN OF WHAT COUNTRY | Decedent's Education. Specify highest grade completed. |
| 9a. Colorado | | 9b. USA | 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. [REDACTED] | | 14a. Clerk | 14b. Feed Store |
| RESIDENCE—STATE | | COUNTY | CITY, TOWN, OR LOCATION |
| 15a. Nevada | | 15b. Douglas | 15c. Gardnerville |
| FATHER—NAME First Middle Last | | MOTHER—MAIDEN NAME First Middle Last | INSIDE CITY LIMITS (Specify Yes or No) |
| 16. Louis C. Recla | | 17. Josephine Regsted | 15d. 790 Mustang Lane |
| INFORMANT—NAME (Type or Print) | | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) | |
| 18a. Jack Saylor | | 18b. 790 Mustang Lane, Gardnerville, Nevada 89410 | |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) | | CEMETERY OR CREMATORY—NAME | LOCATION City or Town State |
| 19a. Cremation | | 19b. Sierra Crematory | 19c. Carson City Nevada |
| FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) | | FUNERAL DIRECTOR LICENSE NUMBER | NAME AND ADDRESS OF FACILITY |
| 20a. [Signature] | | 20b. 009 | 20c. Walton's Douglas Mortuary 53 1478 4th 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 DATE SIGNED (Mo., Day, Yr.) | | 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.) | |
| 21b. HOUR OF DEATH | | 22b. HOUR OF DEATH | |
| 21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22c. PRONOUNCED DEAD (Mo., Day, Yr.) | |
| 21d. | | 22d. ON 12/6/2005 | |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) | | LICENSE NUMBER | |
| 23a. Ron Valdespino, Deputy Coroner, P.O. Box 218, Minden, NV 89423 | | 23b. Badge #403 | |
| REGISTRAR | | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) | DEATH DUE TO COMMUNICABLE DISEASE |
| 24a. [Signature] | | 24b. December 9, 2005 | 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) Peritonitis | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF: | | Interval between onset and death | |
| (b) Necrotic ischemic bowel | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF: | | 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. Yes | | 26. Yes | 27. Yes |
| 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 |
| 28e. | 28f. | 28g. | |

STATE REGISTRAR

No.230547

139115

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:

OCT 06 2006

This copy is not valid unless prepe



STATE REGISTRAR

BK- 0407
 PG- 3787

