

WHEN RECORDED MAIL TO:

Robert W. Cramer
P.O. Box 1953
Zephyr Cove, NV 89448

MAIL TAX STATEMENTS TO:

Same as above

The undersigned hereby affirms that this document submitted for recording does not contain the social security number of any person or persons.
(Pursuant to NRS 239b.030)

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0507 PG- 9881 RPTT: 0.00



SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 7001974-LRS
APN No.: 1318-23-710-069

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA
COUNTY OF Douglas } SS:

Robert W. Cramer, of legal age and competent, to be a witness as to the matters stated herein, being duly sworn, deposes and says

That Mildred L. Cramer, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Mildred L. Cramer named as one of the Grantees in that certain Deed recorded in Book 675 as Instrument No. 81225, on June 25, 1975 of Official Records of Douglas County, Nevada, covering the following described property.

SEE EXHIBIT "A" ATTACHED HERETO AND BY REFERENCE MADE A PART HEREOF

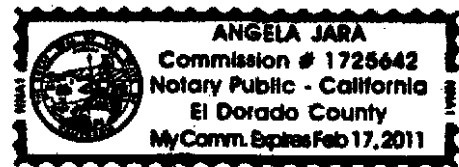
Dated: May ²⁶~~23~~, 2007

Robert W. Cramer
Robert W. Cramer

California
STATE OF NEVADA
COUNTY OF El Dorado } SS:

This instrument was acknowledged before me on May 26, 2007,
by Robert W. Cramer

Angela Jara
NOTARY PUBLIC



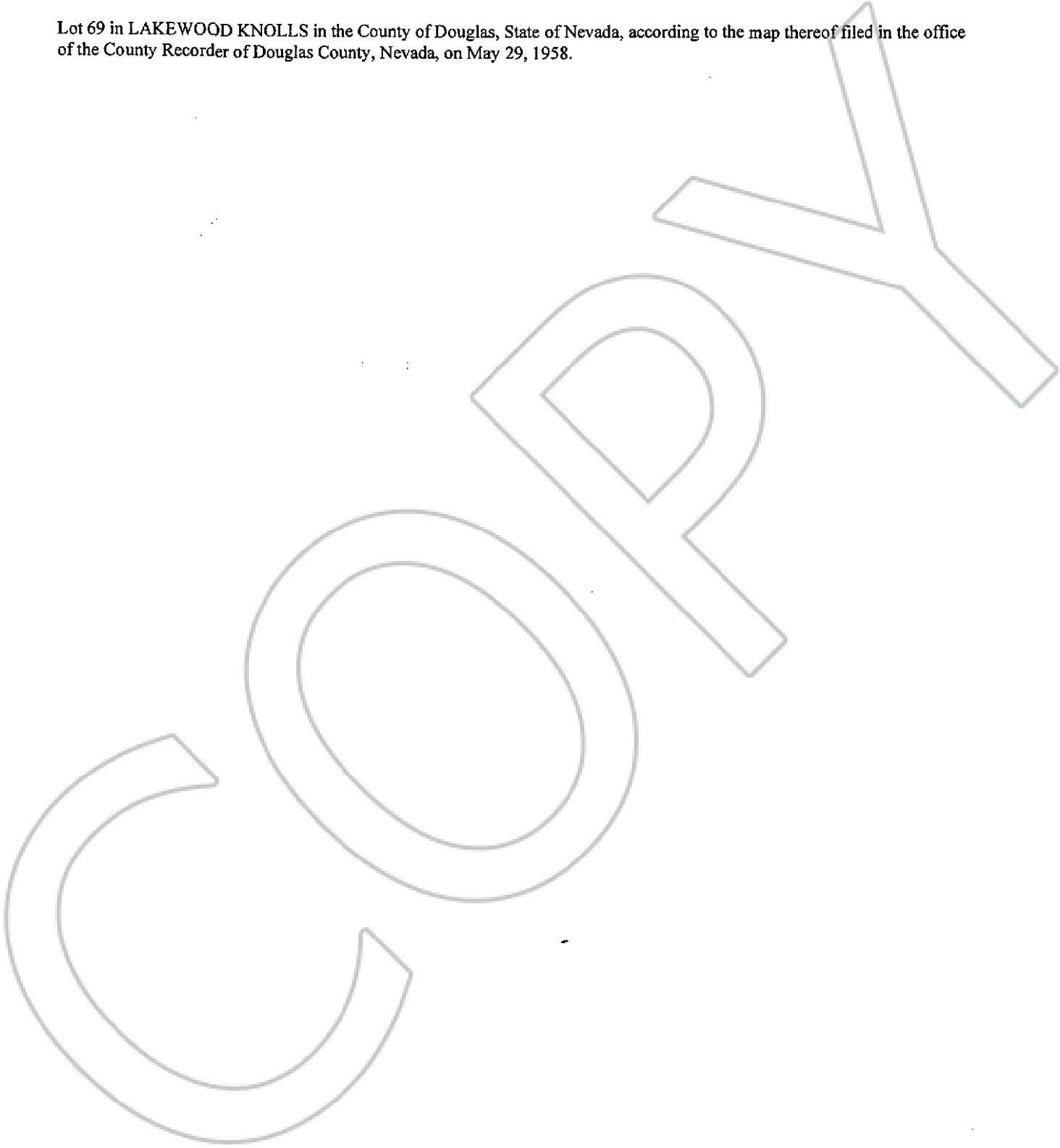
Order No. 011267-RTO

Exhibit "A"

Legal Description

All that certain real property situate in the County of Douglas, State of Nevada, described as follows:

Lot 69 in LAKEWOOD KNOLLS in the County of Douglas, State of Nevada, according to the map thereof filed in the office of the County Recorder of Douglas County, Nevada, on May 29, 1958.



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

2005 0008715

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

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

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER		
1. DECEASED—NAME First Middle Last Mildred E. CRAMER			2. DATE OF DEATH (Month, Day, Year) June 5, 2005		3a. COUNTY OF DEATH Douglas
3b. CITY, TOWN OR LOCATION OF DEATH Stateline		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 375 Sherwood Dr.		4. SEX Female	
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		8. DATE OF BIRTH (Mo., Day, Yr.) March 20, 1933	
7a. AGE—Last Birthday (Years) 72		7b. UNDER 1-YEAR MOS : DAYS 810		7c. UNDER 1 DAY HOURS : MINS	
9a. STATE OF BIRTH (If not U.S.A., name country) Hawaii		9b. CITIZEN OF WHAT COUNTRY U.S.A.		10. Decedent's Education. Specify highest grade completed. 12 Years	
11. SOCIAL SECURITY NUMBER [REDACTED]		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		13. SURVIVING SPOUSE (If wife, give maiden name) Robert Cramer	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) House Keeper		14b. KIND OF BUSINESS OR INDUSTRY Harveys			
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN, OR LOCATION Stateline	
15d. STREET AND NUMBER 375 Sherwood Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER—NAME First Middle Last Joseph Freitas Lopes			17. MOTHER—MAIDEN NAME First Middle Last Blanche S. Markle		
18a. INFORMANT—NAME (Type or Print) Robert Cramer - Husband			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 375 Sherwood Dr. Stateline, Nevada 89449		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME FitzHenry's Crematory		19c. LOCATION City or Town State Carson City, Nevada	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral 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. (Signature and Title) <i>[Signature]</i>			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>		
21b. DATE SIGNED (Mo., Day, Yr.) 6/7/05		21c. HOUR OF DEATH 1035		22b. DATE SIGNED (Mo., Day, Yr.)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22c. PRONOUNCED DEAD (Mo., Day, Yr.)		
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Andrea L. Miller, M.D., 1374 Bridle Way, Minden, NV 89423			22e. AT		
23a. REGISTRAR <i>[Signature]</i>			24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) June 8, 2005		24c. DEATH DUE TO COMMUNICABLE DISEASE 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) respiratory arrest DUE TO, OR AS A CONSEQUENCE OF					
(b) emphysema DUE TO, OR AS A CONSEQUENCE OF					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I:					
26. ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify) 28a.		27. AUTOPSY (Specify Yes or No) No		28. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	



BK- 0507
PG- 9883

No. 286966

0702040 Page: 3 of 3 05/30/2007

147001 CERTIFIED COPY OF VITAL RECORDS

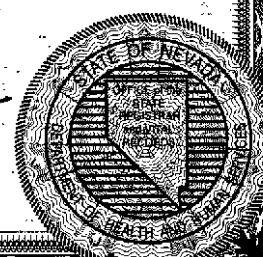
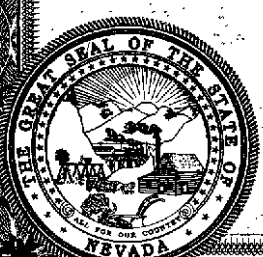
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **MAY 30 2007**

[Signature]
STATE REGISTRAR

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

PHNCO (Rev) 1/06



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE