

15.

DOC # 0704854
07/10/2007 04:29 PM Deputy: GB
OFFICIAL RECORD
Requested By:
MARIAN WOLFF

A.P.N.: 1420-29-810-032
File No: ()

Douglas County - NV
Werner Christen - Recorder
Page: 1 Of 2 Fee: 15.00
BK-0707 PG- 3206 RPTT: 0.00

When Recorded return to, and mail Tax Statements to:
Marian H. Wolff
51171 CASA BLANCA CT.
MINDEN, NV 89423



AFFIDAVIT - TERMINATING JOINT TENANCY

Marian H. Wolff, of legal age, being first duly sworn, deposes and says:

That **Sherman A. Wolff**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Sherman A. Wolff** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **August 14, 2000** executed by **Robert W. Reynolds, Trustee and Barbara B. Reynolds Trustee of the Reynolds Family Trust dated August 7, 1998** to **Sherman A. Wolff and Marian H. Wolff, husband and wife as joint tenants with rights of survivorship** as joint tenants, recorded as Document No. **0498485** on **August 29, 2000** in Book **0800** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

Lot 3, in Block B, as set forth on FINAL MAP OF SARATOGA SPRINGS ESTATES UNIT NO. 1, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada on June 16m 1990 in Book 690, Page 525, as Document No. 227472.

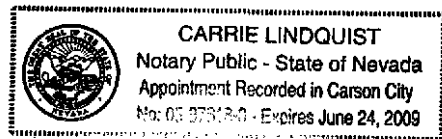
Marian H. Wolff 7-10-07
Marian H. Wolff Date

STATE OF **NEVADA**)
) :SS.
COUNTY OF ~~GARSON CITY~~)
Douglas

This instrument was acknowledged before me on
7/10/07 by

Marian H. Wolff
[Signature]
Notary Public

(My commission expires: _____)



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA
PUBLIC HEALTH DEPARTMENT
VITAL RECORDS AND REGISTRATION
 645 SOUTH BASCOM AVENUE, SAN JOSE, CALIFORNIA 95128

CERTIFICATE OF DEATH 3200743003802
STATE OF CALIFORNIA
USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS
LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT — FIRST (Given) SHERMAN		2. MIDDLE ALVIN		3. LAST (Family) WOLFF	
AKA, ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/yyyy 07/09/1922	6. AGE Yrs. 84
8. BIRTH STATE/FOREIGN COUNTRY NY		10. SOCIAL SECURITY NUMBER ██████████	11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS (at Time of Death) MARRIED	7. DATE OF DEATH mm/dd/yyyy 05/15/2007
15. EDUCATION — Highest Level/Degree (see worksheet on back) SOME COLLEGE		14.115 WAS DECEASED HISPANIC/LATINO(A)/SPANISH? (if yes, see worksheet on back) <input checked="" type="checkbox"/> YES		16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED ENGINEER			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) AEROSPACE		19. YEARS IN OCCUPATION 45
20. DECEDENT'S RESIDENCE (Street and number or location) 1874 ENGLISH CT.					
21. CITY SAN JOSE		22. COUNTY/PROVINCE SANTA CLARA		23. ZIP CODE 95129	24. YEARS IN COUNTY 49
25. STATE/FOREIGN COUNTRY CA		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 1674 ENGLISH CT., SAN JOSE, CA 95129			
26. INFORMANT'S NAME, RELATIONSHIP MARIAN H. WOLFF, WIFE					
28. NAME OF SURVIVING SPOUSE — FIRST MARIAN		29. MIDDLE LUCILLE		30. LAST (Maiden Name) HAGGIN	
31. NAME OF FATHER — FIRST SEYMOUR		32. MIDDLE WOLFF		33. LAST WOLFF	
34. BIRTH STATE NY		35. NAME OF MOTHER — FIRST ROSE		36. MIDDLE DOROTHY	
37. LAST (Maiden) GOLDRING		38. BIRTH STATE NY		39. BIRTH STATE NY	
40. DISPOSITION DATE mm/dd/yyyy 05/25/2007		41. PLACE OF FINAL DISPOSITION AT RES OF WIFE MARIAN H. WOLFF 1674 ENGLISH CT., SAN JOSE, CA 95129			
42. TYPE OF DISPOSITION(S) CR/RES		43. SIGNATURE OF EMBALMER NOT EMBALMED		44. LICENSE NUMBER	
45. NAME OF FUNERAL ESTABLISHMENT NEPTUNE SOCIETY OF CENTRAL CA		46. LICENSE NUMBER FD1322		47. SIGNATURE OF LOCAL REGISTRAR MARTIN D FENSTERSHEIB, MD	
48. DATE mm/dd/yyyy 05/17/2007		49. TYPE OF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> ER/OP <input type="checkbox"/> OCA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
101. PLACE OF DEATH LOS GATOS COMMUNITY HOSPITAL		102. COUNTY SANTA CLARA		103. CITY LOS GATOS	
104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 815 POLLARD RD.		105. CITY LOS GATOS			
107. CAUSE OF DEATH Enter the chain of events — disease, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or vascular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) CHRONIC RENAL FAILURE (A) CONGESTIVE HEART FAILURE (B) ISCHEMIC CARDIOMYOPATHY (C) CORONARY ARTERY DISEASE Underlying Cause (Underlying cause of injury that initiated the events resulting in death) LAST (A) CHRONIC RENAL FAILURE (B) CONGESTIVE HEART FAILURE (C) ISCHEMIC CARDIOMYOPATHY (D) CORONARY ARTERY DISEASE					
108. DEATH REPORTED TO CORONER? (A) 6 MOS. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (B) 2 YRS. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (C) 4 YRS. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (D) YEARS. <input type="checkbox"/> YES <input type="checkbox"/> NO					
109. AUTOPSY PERFORMED? (A) 2 YRS. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (B) 4 YRS. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (C) YEARS. <input type="checkbox"/> YES <input type="checkbox"/> NO					
110. USED IN DETERMINING CAUSE? (A) 2 YRS. <input type="checkbox"/> YES <input type="checkbox"/> NO (B) 4 YRS. <input type="checkbox"/> YES <input type="checkbox"/> NO (C) YEARS. <input type="checkbox"/> YES <input type="checkbox"/> NO					
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.					
115. SIGNATURE AND TITLE OF CERTIFIER GOPI NATHAN AYER M.D.		116. LICENSE NUMBER A42713		117. DATE mm/dd/yyyy 05/17/2007	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE GOPI NATHAN AYER M.D. 15215 NATIONAL AVENUE STE 104, LOS GATOS, CA 95032		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED.			
120. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		121. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		122. INJURY DATE mm/dd/yyyy	
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 INJURY (Street and number, or location, and city, and ZIP)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

STATE REGISTRAR A B C D E **CERTIFIED COPY OF VITAL RECORDS** FAX AUTH. # **NY** CENSUS TRACT

STATE OF CALIFORNIA } SS DATE ISSUED **MAY 21 2007** *H02130316*

COUNTY OF SANTA CLARA } By **Martin D. Fenstersheib MD**

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

MARTIN D. FENSTERSHEIB
 HEALTH OFFICER AND LOCAL REGISTRAR OF BIRTHS AND DEATHS

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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