

15.

DOC # 0728695  
08/20/2008 02:44 PM Deputy: SD

OFFICIAL RECORD

Requested By:  
CAROL SHERWOOD

Douglas County - NV  
Werner Christen - Recorder

Page: 1 of 2 Fee: 15.00  
BK-0808 PG- 3375 RPTT: 0.00

A.P.N.: 1220-12-310-051  
File No: ()



When Recorded return to, and mail Tax Statements to:  
Carol Sherwood

1057 Jewel Circle  
Gardnerville, NV 89410

### AFFIDAVIT - TERMINATING JOINT TENANCY

**Carol Sherwood**, of legal age, being first duly sworn, deposes and says:

That **Gregory Sherwood**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Gregory Sherwood** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **December 9, 1981** executed by **David L. Pendleton and Charlene D. Pendleton** to **Gregory Sherwood and Carol Sherwood** as joint tenants, recorded as Document No. **64070** on **January 19, 1982** in Book **182** of Official Records of **Douglas County, Nevada** covering the following described property situated in the County of **Douglas**, State of **Nevada** :

**Lot 37, Pinenut Subdivision, as shown on the Official map recorded in the Office of the County Recorder of Douglas County, Nevada, on June 11, 1963, in Book 1 of Maps, as Document No. 22783**

Carol Sherwood

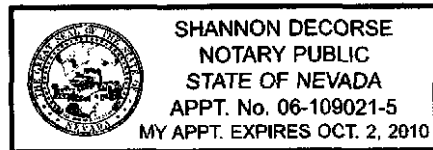
8-20-08

Carol Sherwood

Date

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

This instrument was acknowledged before me on  
8-20-08 by



Carol Sherwood  
Shannon Decorse

Notary Public

(My commission expires: 10-2-2010)

# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS  
Reno, Nevada

## CERTIFICATE OF DEATH

2008008665  
STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF  
DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Greg Lewis SHERWOOD</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 26, 2008</b>		3a. COUNTY OF DEATH <b>Washoe</b>																	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) <b>Renown Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Inpatient</b>		4. SEX <b>Male</b>															
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>60</b>		7b. UNDER 1 YEAR <b>MOS</b>   <b>DAYS</b>		7c. UNDER 1 DAY <b>HOURS</b>   <b>MIN</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>October 10, 1947</b>											
9a. STATE OF BIRTH (If not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>Carol ARIENTI</b>													
13. SOCIAL SECURITY NUMBER <b>██████████ 7737</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Truck Driver</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Trucking</b>		15. Ever in US Armed Forces? <b>No</b>															
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN OR LOCATION <b>Gardnerville</b>		15d. STREET AND NUMBER <b>1057 Jewel Circle</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>													
16. FATHER - NAME (First Middle Last Suffix) <b>Leslie F SHERWOOD</b>				17. MOTHER - NAME (First Middle Last Suffix) <b>Helen L CAVIN</b>																	
18a. INFORMANT - NAME (Type or Print) <b>Carol SHERWOOD</b>				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1057 Jewel Circle Gardnerville, Nevada 89410</b>																	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION - City or Town State <b>Carson City Nevada 89701</b>																	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JAMES SMOLENSKI</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>217</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Carson Valley Funeral Home</b> <b>1380 Highway 395 N. Gardnerville, NV 89410</b>																	
TRADE CALL - NAME AND ADDRESS																					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>JOHN ALBERT SHIELDS M.D.</b> SIGNATURE AUTHENTICATED											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) stated. (Signature & Title)										
21b. DATE SIGNED (Mo/Day/Yr) <b>June 02, 2008</b>				21c. HOUR OF DEATH <b>19:05</b>				22b. DATE SIGNED (Mo/Day/Yr)				22c. HOUR OF DEATH									
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22d. PRONOUNCED DEAD (Mo/Day/Yr)				22e. PRONOUNCED DEAD AT (Hour)													
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>John Albert Shields M.D. 236 W. Sixth #400 Reno, NV 89503</b>										23b. LICENSE NUMBER <b>3362</b>											
24a. REGISTRAR (Signature) <b>BRIDGES SANDI</b> SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 06, 2008</b>				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).)											Interval between onset and death										
PART I											Hours										
(a) <b>Central nervous system lymphoma</b>											Interval between onset and death										
DUE TO, OR AS A CONSEQUENCE OF:											Hours										
(b) <b>Large b-cell lymphoma of axilla</b>											Interval between onset and death										
DUE TO, OR AS A CONSEQUENCE OF:											Hours										
(c) <b></b>											Interval between onset and death										
DUE TO, OR AS A CONSEQUENCE OF:											Hours										
(d) <b></b>											Interval between onset and death										
PART II											26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>								
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		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																	

STATE REGISTRAR

548531



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BK- 0808  
PG- 3376

VRS-Rev-2008T

### 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.

DEPUTY REGISTRAR

*Mary A. Anderson*  
SIGNATURE AUTHENTICATED

DATE ISSUED: 06/17/2008

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE