

APN #: ~~0000-05-241-240~~
1318-16-810-010
AFTER RECORDING RETURN TO:

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0109 PG- 4765 RPTT: 0.00

Michael J. Melarkey, Esq.
AVANSINO, MELARKEY,
KNOBEL & MULLIGAN
✓ 4795 Caughlin Parkway, Suite 100
Reno, Nevada 89519



MAIL TAX STATEMENTS TO:

Donna R. Howell
3130 Wedgewood Court
Reno, Nevada 89509

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: WDRS 57.7 and NRS 440.380(1)(a)

Signature: Donna R. Howell Admin.
(Print Name) DONNA R. HOWELL (Title)

AFFIDAVIT TERMINATING JOINT TENANCY

DONNA R. HOWELL, being of legal age, certifies as follows:

1. I am the Administrator for the Estate of Roger W. Edwards, the deceased joint tenant.

2. A description of the instrument or conveyance by which the joint tenancy was created is that certain Quitclaim Deed dated January 6, 1988, and recorded with the Douglas County Recorder on April 15, 1988 as Document No. 176167, in which joint tenancy was established between VIRGINIA RICHARDS, ROGER W. EDWARDS and DONNA R. HOWELL. VIRGINIA RICHARDS died on July 28, 2001, and an Affidavit of Surviving Joint Tenant was recorded with the Douglas County Recorder on September 6, 2001, as Document No. 0522222.

3. A description of the real property is all that certain real property situate in the County of Douglas, State of Nevada, and more particularly described as follows:

Lot numbered forty-four (44) as the same is laid down, delineated and numbered upon a certain entitled "AMENDED PLAT OF THE ELKS SUBDIVISION: LAKE TAHOE,

NEVADA", filed in the office of the County Recorder of said County of Douglas, January 5, 1928; subject however, at all times, to the By-Laws, Rules and Regulations of a certain Corporation created and existing under the Laws of the State of Nevada, whose name was formerly Nevada Elks Tahoe Association but whose name has since been legally changed to Elkpoint County Club, which shall in turn bind every subsequent grantee, his or her executor, administrators, successors of Record in the office of the County Recorder of said County of Douglas in Book "D" of Miscellaneous Records and subsequent amendments are or will be therein recorded.

Being the same premises conveyed by that certain Quitclaim Deed recorded with the Douglas County Recorder on April 15, 1988, as Document No. 176167, from where this legal description was obtained.

4. The date and place of the death of the deceased joint tenant was August 2, 2008, in Washoe County, Nevada.


5. A certified copy of the death certificate of the deceased joint tenant is attached hereto and made a part hereof.

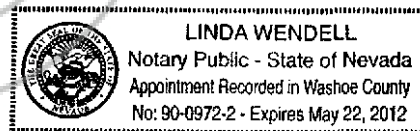
6. The undersigned does hereby swear under penalty of perjury that the foregoing assertions are true and correct.

DATED: 12/29, 2008.


DONNA R. HOWELL

Subscribed and sworn to before me
this 29th day of DECEMBER, 2008.


Notary Public, in and for the
County of Washoe, State of Nevada



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS
Reno, Nevada

CERTIFICATE OF DEATH

2008012136

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) Roger William EDWARDS		2. DATE OF DEATH (Mo/Day/Year) August 02, 2008		3a. COUNTY OF DEATH Washoe								
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 3095 Lakeside Drive #102		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)		4. SEX Male						
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 089		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) May 14, 1919		
9a. STATE OF BIRTH (If not U.S.A., name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		12. SURVIVING SPOUSE (if wife, give maiden name)				
13. SOCIAL SECURITY NUMBER ██████████6147		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Administrator		14b. KIND OF BUSINESS OR INDUSTRY State Government		15. Ever in US Armed Forces? Yes						
15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Reno		15d. STREET AND NUMBER 3095 Lakeside Drive #102		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes				
16. FATHER - NAME (First Middle Last Suffix) H W EDWARDS				17. MOTHER - NAME (First Middle Last Suffix) Mildred OLDFIELD								
18a. INFORMANT- NAME (Type or Print) Donna HOWELL				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3130 Wedgewood Court Reno, Nevada 89509								
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			19b. CEMETERY OR CREMATORY - NAME Sierra Crematory			19c. LOCATION City or Town State Reno Nevada 89501						
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TERESA HALL SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE 612		20c. NAME AND ADDRESS OF FACILITY John Sparks Memorial Cremation 644 Pyramid Way Sparks NV 89431						
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) STEPHEN HAROLD BLOOMFIELD M.D. 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) August 07, 2008					21c. HOUR OF DEATH 11:00		22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Phillips, Steven Langan					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) Stephen Harold Bloomfield M.D. 1575 Delucchi Lane St 214 Reno, NV 89502								23b. LICENSE NUMBER 3741				
24a. REGISTRAR (Signature) BRIDGES SANDI SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 14, 2008		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 failure								Interval between onset and death Minutes				
(b) DUE TO, OR AS A CONSEQUENCE OF: End-stage congestive heart failure, atherosclerotic heart disease, aortic stenosis, cor pulmonale								Interval between onset and death Months				
(c) DUE TO, OR AS A CONSEQUENCE OF: Chronic obstructive pulmonary disease, pulmonary hypertension, pulmonary fibrosis, pleural effusion								Interval between onset and death Months				
(d) DUE TO, OR AS A CONSEQUENCE OF:								Interval between onset and death				
PART II												
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

556671



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BK- 0109

PG- 4767

01/23/2009

IS-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:

08/22/2008

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE