

OFFICIAL RECORD

Requested By:

LAWYERS ON DUTY

APN: 1220-21-510-030

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00
BK-0309 PG- 3529 RPTT: 0.00



After recording return to:
Erika Johnson
3195 Vista Del Camino
Marina, CA 93955

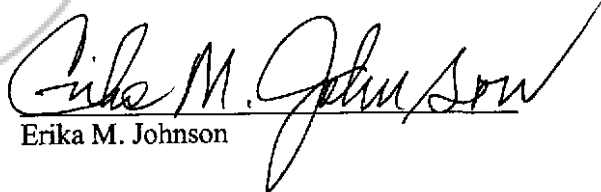
AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
)
COUNTY OF DOUGLAS)

Erika M. Johnson does hereby swear under penalty of perjury that the assertions of this affidavit are true, and declares the following:


1. Erika M. Johnson is the surviving spouse of Donald A. Johnson, deceased.
2. Donald A. Johnson died in the City of Stanford, County of Santa Clara, State of California, on August 3, 3008. A certified copy of the Certificate of Death for Donald Albert Johnson is attached to this Affidavit as Exhibit "A".
3. On March 20, 1984, the undersigned and Donald A. Johnson acquired title as joint tenants to a parcel of real property situated in Gardnerville Ranchos, Douglas County, State of Nevada, by Grant, Bargain, Sale Deed recorded in Book 484, Pages 898 and 899, as Instrument No. 099409 of the Official Records of Douglas County, Nevada. The legal description of the real property is attached hereto at Exhibit "B."
4. At the time of death of Donald A. Johnson, title to the real property described in paragraph 3 above continued to be held by Donald A. Johnson and Erika M. Johnson, husband and wife as joint tenants. As a result of the death of Donald A. Johnson, the joint tenancy form of title of the real property described in paragraph 3 above is now owned by Erika M. Johnson.

Dated this 11th day of March, 2009


Erika M. Johnson

State of California }
County of Monterey }

Subscribed and sworn (or affirmed) to before me on this 11th day of March, 2009, by Erika M. Johnson proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.


Notary Public

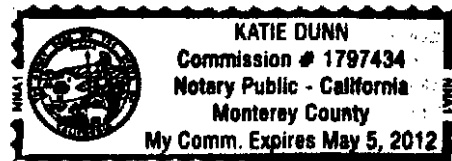


EXHIBIT "A"
CERTIFIED COPY OF THE CERTIFICATE
OF DEATH FOR DONALD A. JOHNSON

COPY

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

3200843005838

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WRITE DATE OR ALTERATIONS VS-100027 USE		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given)		2. MIDDLE		3. LAST (Family)	
DONALD		ALBERT		JOHNSON	
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.		6. SEX	
11/26/1940		67		M	
7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)		9. TIME (24 Hours)	
08/03/2008		2147		2147	
10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)	
4617		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED	
13. EDUCATION - Highest Level/Degree (See worksheet on back)		14/15. WAS DECEDENT HISPANIC/LATINO/ASPIAN/SHY? (If yes, see worksheet on back)		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
HS GRADUATE <input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO		CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19. YEARS IN OCCUPATION	
HOSPITAL ADMINISTRATION		MILITARY		20	
20. DECEDENT'S RESIDENCE (Street and number or location)					
3195 VISTA DEL CAMINO					
21. CITY		22. COUNTY/PROVINCE		23. ZIP CODE	
MARINA		MONTEREY		93933	
24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY			
41		CA			
26. INFORMANT'S NAME, RELATIONSHIP			27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP)		
ERIKA JOHNSON, WIFE			3195 VISTA DEL CAMINO, MARINA, CA 93933		
28. NAME OF SURVIVING SPOUSE - FIRST		29. MIDDLE		30. LAST (Maiden Name)	
ERIKA		MARIA		HERRMANN	
31. NAME OF FATHER - FIRST		32. MIDDLE		33. LAST	
CHESTER		RAYMOND		JOHNSON	
34. BIRTH STATE		35. NAME OF MOTHER - FIRST		36. MIDDLE	
MN		CLARA		GLADYS	
37. LAST (Maiden)		38. BIRTH STATE			
FRITZ		MN			
39. DISPOSITION DATE mm/dd/yyyy		40. PLACE OF FINAL DISPOSITION - MISSION MEMORIAL PARK			
08/06/2008		1915 ORD GROVE AVENUE, SEASIDE, CA 93955			
41. TYPE OF DISPOSITIONS		42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
CR/BURIAL		NOT EMBALMED			
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR	
MISSION MEMORIAL PARK AND SEASIDE		FD1451		MARTIN D FENSTERSHEIB, MD	
47. DATE mm/dd/yyyy		48. SIGNATURE OF LOCAL REGISTRAR			
08/06/2008					
49. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE		103. IF OTHER THAN HOSPITAL, SPECIFY ONE	
STANFORD HOSPITAL		<input checked="" type="checkbox"/> IP <input type="checkbox"/> EPOP <input type="checkbox"/> DDA		<input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/ETC. <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY		105. FACILITY ADDRESS OR LOCATION (Where found) (Street and number or location)		106. CITY	
SANTA CLARA		300 PASTEUR DRIVE		STANFORD	
107. CAUSE OF DEATH		108. DEATH REPORTED TO CORONER?		109. BIOPSY PERFORMED?	
Enter the chain of events - diseases, 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.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
(A) IMMEDIATE CAUSE (Final disease or condition resulting in death)		(B) YRS		(C) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
SYSTOLIC HEART FAILURE					
(D) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		(E) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		(F) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
RENAL FAILURE, CIRRHOSIS OF THE LIVER					
110. USED IN DETERMINING CAUSE?		111. USED IN DETERMINING CAUSE?		112. USED IN DETERMINING CAUSE?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)		114. IF FEMALE, PREGNANT IN LAST YEAR?		115. SIGNATURE AND TITLE OF CERTIFIER	
NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		RONALD MARC WITTELES M.D.	
116. LICENSE NUMBER		117. DATE mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
A76510		08/05/2008		RONALD MARC WITTELES M.D.	
119. CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		120. INJURED AT WORK?		121. INJURY DATE mm/dd/yyyy	
MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)	
125. SIGNATURE OF CORONER / DEPUTY CORONER		126. DATE mm/dd/yyyy		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. #		CENSUS TRACT	
A B C D E		012008030870534		0739595	

BK- 0309
PG- 3531
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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA CLARA

DATE ISSUED
By AUG 26 2008



* H 2285765 *

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 MD
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.



EXHIBIT "B"
LEGAL DESCRIPTION OF REAL PROPERTY

Lot 121, as shown on the map of GARDNERVILLE RANCHOS UNIT 6, filed for record in the office of the County Recorder of Douglas County, Nevada, on May 29, 1973, as File No. 66512.

SUBJECT TO ALL MATERS OF RECORD INCLUDING BUT NOT LIMITED TO COVENANTS, CONDITIONS AND RESTRICTIONS.

TOGETHER WITH all tenements, hereditaments and appurtenances thereunto belonging in or in anywise appertaining, and my reversion, remainders rents, issues or profits thereof,

APN: 1220-21-510-030

Commonly known as: 1360 Kimmerling Road, Gardnerville, NV 89460