

OFFICIAL RECORD

Requested By:

WILLIAM YOUNG RAWLINS

Douglas County - NV
Karen Ellison - Recorder

Page: 1 Of 4 Fee: 17.00
BK-0709 PG- 1411 RPTT: 0.00



APN: ptn 1319-30-519-021
Recording requested by and mail documents and tax statements to:

Name: JAMES D. COPELAND

Address: 9771 CRYSTALLINE

City/State/Zip: RENO, Nev. 89506

AFF111mk
Nevada Legal Forms & Books, Inc. (702) 870-8977
www.legalformsrus.com

AFFIDAVIT-TERMINATION OF JOINT TENANT

Death of a Joint Tenant

I, JAMES D. COPELAND, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That BOBBIE S. COPELAND, the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as, BOBBIE S. COPELAND, named as one of the parties in that certain (type of deed) DEED OF TRUST dated on the 15TH day of MARCH, 1985, and executed by JAMES D. COPELAND AND WILLIAM YOUNG RAWLINS known as Grantor(s), to JAMES D. COPELAND AND WILLIAM YOUNG RAWLINS known as Grantees, as joint tenants, and recorded as instrument number 774254 115281, on the 27TH day of MARCH, 1985, in Book 385, of Official Records of DOUGLAS County, Nevada, covering the following described property situated in the City of STATELINE, County of DOUGLAS, State of Nevada. (Set forth commonly known address)

WARNING: THE COUNTY RECORDER MAY CHARGE AN ADDITIONAL FEE IF YOU WRITE WITHIN THE 1" MARGINS OF THIS DOCUMENT OR VIOLATE ANY OTHER RECORDING REQUIREMENTS IMPOSED BY YOUR COUNTY RECORDER.

Legal Description:

In Witness Whereof, I/We have hereunto set my/our hand(s) this 7th day of July, 2009.

William Young Rawlins
Signature

James D. Copeland
Signature

William Young RAWLINS
Print or type name here

JAMES D. COPELAND
Print or type name here

STATE OF Nevada)
COUNTY OF Washoe)


On this 7 day of July, 2009, personally appeared before me, a Notary Public, William Young Rawlins and James D. Copeland

personally known to me OR proved to me on the basis of satisfactory evidence to be the person(s) described in and who executed the foregoing instrument in the capacity set forth therein, who acknowledged to me that they executed the same freely and voluntarily and for the uses and purposes therein mentioned. Witness my hand and official seal.

[Signature]
Notary Public

My commission expires: 11/29/09

Consult an attorney if you doubt this forms fitness for your purpose.



Notary Public - State of Nevada
COUNTY OF WASHOE
CHRIS MCQUATTIE
No. 06-102981-2 Expires November 29, 2009

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

200600239

	LOCAL FILE NUMBER			STATE FILE NUMBER		
TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
	1. Bobbie S. COPELAND			2. September 8, 2006		3a. Washoe
DECEDENT	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)	SEX
	2b. Sparks		3c. Washoe Progressive		3a. Inpatient	4. Female
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g. White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS
	5. White		6.	7a. 64	7b.	7c.
PARENTS	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)
	9a. California		9b. U.S.A.	10. 14	11. Married	12. James D. Copeland
DISPOSITION	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)		KIND OF BUSINESS OR INDUSTRY	
	13. ██████████ 7661		14a. Commercial Rep.		14b. Telecommunications	
CERTIFIER	RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
	15a. Nevada		15b. Washoe	15c. Reno	15d. 9771 Crystalline Dr.	15e. Yes
CAUSE OF DEATH	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
	16. George Bridwell			17. Brownie Dimples Cox		
CAUSE OF DEATH	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
	18a. James D. Copeland			18b. 9771 Crystalline Drive, Reno, NV 89506		
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION—City or Town State	
	19a. Cremation		19b. Masonic Memorial Gardens		19c. Reno Nevada	
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY		
	20a. <i>Carol Olden</i>		20b. 20	20c. Truckee Meadows, 616 South Wells Ave., Reno, NV 89502		
CAUSE OF DEATH	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.			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>George Bridwell</i> DATE SIGNED (Mo., Day, Yr.) 9/08/06 21b.			(Signature and Title) _____ DATE SIGNED (Mo., Day, Yr.) _____ 22b.		
CAUSE OF DEATH	21c. HOUR OF DEATH 0100			22c. HOUR OF DEATH		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. ON		
CAUSE OF DEATH	21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)			22e. AT		
	23a. <i>Danger Mills MD 50 Kiermont #205 Reno NV 89502</i>			23b. 57330		
CAUSE OF DEATH	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
	24a. (Signature) <i>James D. Copeland</i>		24b. September 11, 2006		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
	PART I (a) <i>Failure to thrive</i>				Interval between onset and death: <i>Weeks</i>	
CAUSE OF DEATH	(b) <i>Breast Cancer</i>				Interval between onset and death: <i>Months</i>	
	(c)				Interval between onset and death:	
CAUSE OF DEATH	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.				AUTOPSY (Specify Yes or No)	
					26. No	
CAUSE OF DEATH	ACC., SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	
	28a.		28b.	28c. M	28d.	
CAUSE OF DEATH	INJURY AT WORK (No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. No.	CITY OR TOWN STATE
	28f.		28g.			



STATE REGISTRAR

No. 342702

This is to certify that the above is a true and legal copy of the certificate on file in this office.

Deputy Registrar: *Mary A. Anderson*

Date: SEP 13 2006

EXHIBIT "A"
LEGAL DESCRIPTION

A timeshare estate comprised of:

Parcel 1: an undivided 1/51st interest in and to the certain condominium described as follows:

(a) An undivided 1/24th interest as tenants in common, in and to the Common Area of Lot 50, Tahoe Village, Unit No. 1, as designated on the Seventh Amended Map of Tahoe Village Unit No. 1, recorded on April 14, 1982, as Document No. 66828 Official Records of Douglas County, State of Nevada, and as said Common Area is shown on Records of Survey of boundary line adjustment map recorded March 4, 1985, in Book 385, Page 160, of Official Records of Douglas County, Nevada, as Document No. 114254.

(b) Unit No. 021 as shown and defined on said 7th Amended Map of Tahoe Village, Unit No. 1.

Parcel 2: a non-exclusive easement for ingress and egress and for use and enjoyment and incidental purposes over and on and through the Common Areas as set forth on said Seventh Amended Map of Tahoe Village, Unit No. 1, recorded on April 14, 1982, as Document No. 66828, Official Records of Douglas County, State of Nevada, and as further set forth upon Record of Survey of boundary line adjustment map recorded March 4, 1985, in Book 385, at Page 160, of Official Records of Douglas County, Nevada as Document No. 114254.

Parcel 3: the exclusive right to use said condominium unit and the non-exclusive right to use the real property referred to in subparagraph (a) of Parcel 1 and Parcel 2 above during one "use week" within the "summer use season" as said quoted terms are defined in the Declaration of Conditions, Covenants and Restrictions, recorded on December 21, 1984, in Book 1284, Page 1993, as Document No. 111558 of said Official Records, and Amended by instrument recorded March 13, 1985, in Book 385, Page 961, of Official Records, as Document No. 114670. The above described exclusive and non-exclusive rights may be applied to any available unit in the project during said "use week" in said above mentioned use season.

REQUESTED BY
DOUGLAS COUNTY TITLE
IN OFFICIAL RECORDS OF
DOUGLAS COUNTY, NEVADA

85 MAR 27 P1:05

SUZANNE BEAUDREAU
RECORDER

\$6.00 PAID *JA* DEPUTY

115281

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