02/25/2011 12:33 PM Deputy: OFFICIAL RECORD Requested By:

> **FATCO** Douglas County - NV

Karen Ellison - Recorder

Page: BK-0211

Of PG- 4923 RPTT:

17.00 0.00

A.P.N.: 1318-23-602-002 File No: 141-2405446 (NMP)

When Recorded return to, and mail Tax Statements to:

Lynne G. Callahan

1249 Monters Street Arrono Grande, CA 92420

AFFIDAVIT - TERMINATING JOINT TENANCY

Lynne G. Callahan, of legal age, being first duly sworn, deposes and says:

That John Warren Callahan, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as John Warren Callahan named as one of the parties that certain Dix No. 2010 Grant. Bargain and certain _ executed by John Henry Linder, a married man and Daniel W. Arnold, a single man to Lynne G. Callahan and John Warren Callahan as joint tenants, recorded as Document No. 767169 on July 16, 2010 in Book 710, Page 3155 of Official Records of Douglas County, Nevada covering the following described property situated in the County of Douglas, State of Nevada:

THE SOUTH HALF OF THE WEST 132.0 FEET OF THE SOUTH HALF OF THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 23, TOWNSHIP 13 NORTH, RANGE 18 EAST, M.D.B.&M.

EXCEPTING THEREFROM THE EASTERLY 20.00 FEET THEREOF, AS DESCRIBED IN THAT INSTRUMENT RECORDED JANUARY 3, 1968, IN BOOK 56, PAGE 419, OFFICIAL **RECORDS OF DOUGLAS COUNTY, NEVADA.**

SAID PARCEL OF LAND ALSO BEING SHOWN ON THAT CERTAIN RECORD OF SURVEY FOR DONALD W. DALZIEL, RECORDED SEPTEMBER 17, 1976, IN BOOK 976, PAGE 951, DOCUMENT NO. 03320, OFFICIAL RECORDS OF DOUGLAS COUNTY, NEVADA.

0779079 Page: 2 Of 4 02/25/2011

STATE OF **NEVADA** :SS.) **COUNTY OF DOUGLAS** This instrument was acknowledged before me on _____ by Notary Public (My commission expires: _____

0211 PG- 4925 02725/2011

Reproduced by First American Title Company 11/2007

CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT File No: STATE OF California COUNTY OF Soun LLUS ODISPO before me, Sandra S. Souta, Notary Public, personally appeared Lynne G. Callahan who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hard and official seal. SANDRA S. SOUZA 🏅 COMM. # 1887127 SAN LUIS OBISPO COUNTY MY COMM. EXP. MAY 17, 2014 This area for official notarial seal. OPTIONAL SECTION CAPACITY CLAIMED BY SIGNER Though statute does not require the Notary to fill in the data below, doing so may prove invaluable to persons relying on the documents. INDIVIDUAL CORPORATE OFFICER(S) TITLE(S) GENERAL PARTNER(S) LIMITED ATTORNEY-IN-FACT TRUSTEE(S) GUARDIAN/CONSERVATOR OTHER SIGNER IS REPRESENTING: Name of Person or Entity Name of Person or Entity **OPTIONAL SECTION** Though the data requested here is not required by law, it could prevent fraudulent reattachment of this form. THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED BELOW TITLE OR TYPE OF DOCUMENT: AffidaVIII- TEVMINATINA JOINT TENANUS DATE OF DOCUMENT 2114711 NUMBER OF PAGES

SIGNER(S) OTHER THAN NAMED ABOVE

COUNTY OF SAN LUIS OBISPO

SAN LUIS OBISPO, CALIFORNIA

	<u> </u>			ERTIFICATE		-		320104000	1444	\	
	STATE FILE NUMBER 1. NAME OF DECEMENT-PIRST (GIVE)		2 MOOLE	USE BLACK BIK ONLY / NO ENABLES, WHITEOUTS OR ALTERAL VS-1 MREY \$100.			LOCAL REGISTRATION NUMBER 3 LIST Family				
18 PERSONAL DATA	JOHN		WARRE	EN,	\	CALLAH	AN	\		\ ·	
	AKA, ALSO KYOWN AS - Include full AKA FIRST, MICOLE, LAST)			4. DATE OF 01/24/				DER ONE YEAR	F UNDER 24 HOURS Hours Minutes	o sex	
	BRITH STATE/FOREIGN COUNTRY 10 SOCIAL SECURITY N CA			□ ves X vo □ ove			MARRIED 27.0415 OF DE		19	л диным 54	
ECEDEN	BACHELOR	YES		THOCANGRANISHT By you see wortsheet on book) 18. DECEDENT'S RACE - Up to 3 naces may b WHITE					The same of the sa		
_	17. USUAL OCCUPATION - Type of work to FIRE CHIEF 20. DEDEDINTS RESIDENCE (Street and	. ','	METIRED -/		ARTMENT	(e.g., grocery store, r 	and construction, e	imployment agency, et	19, YEARS I 38	N OCCUPATION	
SPICE SPICE	1249 MONTEGO	1-15-1									
3 88	1		JATYPROVINCIE - ZZ, ZZF CODE 24, YEARS IN COUNTY 93420 5					25, STATESFOREIGN COUNTRY CA			
NEDS	LYNNE CALLAHAN, WIFE										
SPOUSE/SRDP AND PARENT INFORMATION	28 MARE OF SURVIVING SPOUSE/SROP-ARST LYNNE		29. MIDDLE SO. LAST (BERTH HAME) GER(L					\ <u></u>			
	31, NAME OF FATHER/PARENT-FIRST		32 MIDOLE -						34, BIRTH STATE		
	35. NAME OF MOTHER/PARENT CRIST ANNE		SE MIDDLE 37. LAST (SETTH HAME) ELIZABETH SPRINGER -					38. SHITH STATE			
TOR/	39. DISPOSITION DATE manufacticasy 4 08/27/2010 S	AN LUIS OBE	ALC: IC HOLLIS	ISSION CAT			/	/			
DIRECTOR/ REGISTRAR	41. TYPE OF DISPOSITION(S)	42.5	42. SIGNATURE OF EMBALMER					43. LICENSE NUMBER			
LOCAL P	BU 44. NAME OF FUNERAL ESTABLISHMENT	► WILLIAM MOHR 45. UCENSE MUMBER 48. SKINARURE OF LOCAL REGISTRAR					EMB6062				
23	REIS FAMILY MORTUARY. 949 PENNY BORENSTEIN, MD						500	08/24/20			
LACE OF DEATH	SIERRA VISTA HOSPI		The state of the s	100		- 1		R THAN HOSPITAL, I	F December	· 🗆 🚐	
PLACES	SAN LUIS OBISPO 1010 MURRAY AVE.								SOBISPO		
	107 CAUSE OF DEATH Stee the chain of exerts — Guesses, ripring, or complications — that directly caused death, DO NOT writer terminal events such an obstigue arread, or operatory arread, or ventricular floring the efforcing the efforcy. DO NOT ASSESSANTE. WARDLATE CAUSE WA ACUTE MYOCARDIAL INFARCTION ON CONDITION TO THE TERMINAL ACUTE.							Date Mirror Sensor 108 DSAH REPORTED TO CORD SERVICE (MIRROR TO CORD SERVICE (
	in death	ARY THROMB	OSIS	,	$\overline{}$	$\overline{}$		HOURS	16367 109. SKOPSY PER	_	
EATH	conditions, if any	ARY ATHEROS	SCI EROSI			`\		HOURS	110, AUTOPSY FE	X NO	
CAUSE OF 0	UNDERLYING CAUSE (Glanner or lefter) that inflated the avents (A)		JOLE (VOS)	·	->-	-		YRS	X ves	□ NO	
	Assisting in clearly LAST	<u>\</u>	14 ., 5	`	e/.			(DT)	X YES	MO NO	
	112. OTHER SCRIPTIONS CONSTRUCTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GREN IN 107 CHRONIC HYPERTENSION										
gar.	119, WAS OPERATION PERFORMED FOR A	MY COMOTTION IN MEM 10	7 OR 1127 (V yes, the	type of operation and o	May /	/	, i	1134.6	YES NO		
PHYSICIAN'S CERTIFICATION	114 I CERTIFY THAT TO THE SELECT CHAM IN OW. AT THE HOUR DATE, AND PLACE STREET FROM I	HEOUTES STATED	S. SKINATURE AND	TITLE OF CERTIFIER	, /		 	16, UCENSE NUMB	ER 117. DATE 19	an/did/ocyy	
		dert Lest Seen Abre 7 m/dd/coyy 11	8. TYPE ATTENDING	PHYSICIAN'S NAME,	MAILING ADORESS,	ZIP CODE		•			
USE ONLY	118.1 CERCEY THE HAW CENON DESCRICTOR	UHEDAT THE HOUR DOE, A				. HAJURED AT WOR	K9	121. NAURY DATE on	ervisionary 122. HC	XUR (24 Hours)	
	MANNER OF DEATH X Natural Accident Homidate Suicide Permitte Yes No UNK 127 PLACE OF NUURY (s.g., noine, construction afte, velocity area, etc.)										
	124 DEBORREE HOW MULKY DOCUMBED (Sounds which remarked in bijury)										
Ě											
L	285. LOCATION OF NUMBY (Sowel and number or kniedon, and oby, and sip)										
	STEVEN CRAWFORD										
STAT REGISTI		C D	€	landidi.	*01000100157			FAX AUTH.#		SUS TRACT	
		7			21000100131						

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA COUNTY SAN LUIS OBISPO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN LUIS OBISPO COUNTY HEALTH DEPARTMENT.



000288652

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



