

AFFIDAVIT TERMINATING JOINT TENANCY

Assessor's Parcel Number: 1820-25-501-003

54407969-2737038

STATE OF NEVADA)

ss.

COUNTY OF DOUGLAS)

Mary E. Williams, being first duly sworn, deposes and says that affiant is over the age of 18 years and competent to be a witness as to the matters hereinafter stated.

That affiant, Mary E. Williams, is one of the persons named in Deed from Cage W. Williams and Mary E. Williams, husband and wife, as joint tenants to Mary E. Williams and Cage W. Williams, wife and husband, as joint tenants, Dated January 29, 2007, Recorded February 2, 2007 in Liber/Book 207, Page/Folio 598.

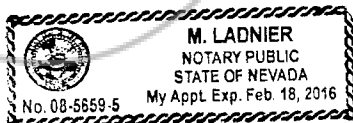
That Cage W. Williams, was one of the grantees named in said deed and was the identical person named Cage W. Williams, as the decedent, in that Certain Death Certificate, a certified copy or original copy of which is attached hereto and made a part hereof.

Mary E. Williams
Mary E. Williams

Subscribed and sworn to before me this
12th day of NOV., 2014, by MARY E. Williams

M. Ladnier

Notary Public in and for said County and State



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

VITAL STATISTICS CERTIFICATE OF DEATH

2011005653
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

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) Cage W WILLIAMS		2. DATE OF DEATH (Mo/Day/Year) April 06, 2011		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) 1920 Wiseman Lane		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify): Home	
4. SEX Male		7a. AGE - Last birthday (Years) 73		7b. UNDER 1 YEAR MOS: _____ DAYS: _____ HOURS: _____ MINS: _____	
5. RACE White (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		8. DATE OF BIRTH (Mo/Day/Yr) August 18, 1937	
9a. STATE OF BIRTH (if not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Mary Elizabeth MARSH		13. SOCIAL SECURITY NUMBER	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Truck Driver		14b. KIND OF BUSINESS OR INDUSTRY Trucking		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1920 Wiseman Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Cage WILLIAMS	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Bessie STEWART		18a. INFORMANT - NAME (Type or Print) Mary Elizabeth WILLIAMS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1920 Wiseman Lane Gardnerville, Nevada 89410	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Fitzhenry's Crematory		19c. LOCATION City or Town - State Carson City Nevada 89701	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES SMOLENSKI SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 217		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 N Gardnerville NV 89410	
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) KELLE BROGAN 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) April 11, 2011		21c. HOUR OF DEATH 01:10		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Brogan, Kelle		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) Kelle Brogan M.D. 429 Elm Street Reno, NV 89503				23b. LICENSE NUMBER 6000	
24a. REGISTRAR (Signature) JENELLE ENGLISH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 15, 2011		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) Metastatic Cancer Unknown Primary				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		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

542336

CERTIFIED COPY OF VITAL RECORDS

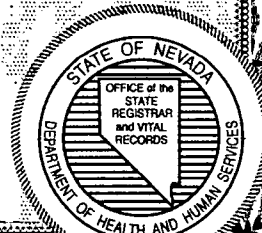
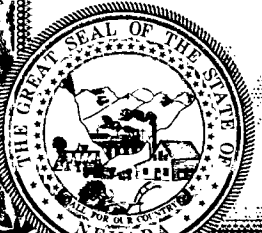
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

AUG 22 2014

RudWham
STATE REGISTRAR

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



VRS-Rev-20120523a

EXHIBIT A - LEGAL DESCRIPTION

Tax Id Number(s): 122025501003, 1220-25-501-003

Land Situated in the County of Douglas in the State of NV

ALL THAT PORTION OF THE NORTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 25, TOWNSHIP 12 NORTH, RANGE 20 EAST, M. D. B. & M. DESCRIBED AS FOLLOWS: PARCEL A2 AS SET FORTH ON PARCEL MAP FOR PETER M. BEEKHOF, JR. AND LINDA S. BEEKHOF FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, STATE OF NEVADA ON OCTOBER 24, 1991 IN BOOK 1091, PAGE 4178 AS DOCUMENT NO. 263462.

Commonly known as: 1920 Wiseman Ln , Gardnerville, NV 89410