



00015432201508635280040046

KAREN ELLISON, RECORDER

APN: 1318-26-101-006
MAIL TAX STATEMENT TO:
WHEN RECORDED RETURN TO:
DENNIS H. MAYS
301 MISSION AVENUE #607
OCEANSIDE, CA 92054

AFFIDAVIT TERMINATING JOINT TENANCY

HOA No: 470939721

DENNIS H. MAYS being first duly sworn, deposes and says that affiant is over the age of 21 years and competent to be a witness to the matters hereinafter stated.

That affiant is DENNIS H. MAYS the person named as DENNIS H. MAYS one of the grantees in that certain deed recorded

DECEMBER 28, 1988 as Document No: 193390 in Book 1288 as Page 3750

in the office of the County Recorder of Douglas County, Nevada.

That ILENE MAYS was one of the grantees named in said deed and was the identical person named as ILENE MAYS

the decedent, in that Certain Death certificate, certified copy of which is attached hereto

and by reference made a part hereof.

Dennis H. Mays
DENNIS H. MAYS

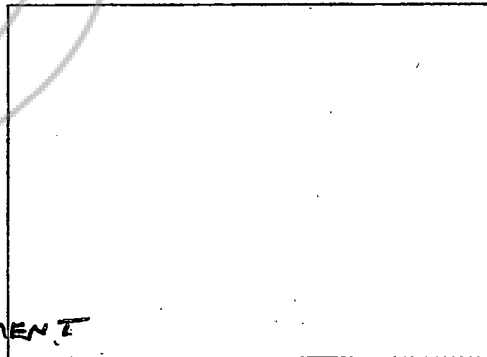
STATE OF:

COUNTY OF:

Subscribed and sworn to before me
DENNIS H. MAYS

this day of 20

SEE ATTACHED
Notary Public ACKNOWLEDGMENT



PLACE NOTARY SEAL INSIDE OF BOX

SEE ATTACHED EXHIBIT "A"

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of SAN DIEGO)

On MAY 13, 2015 before me, JOEY LUDWICZAK Notary Public,
Date Here Insert Name and Title of the Officer

personally appeared DENNIS H. MAYS
Name(s) of Signer(s)

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 hand and official seal.



Signature _____
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____
Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

3 200137 015335

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS VS-11 (REV. 1/00)				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) Ilene		2. MIDDLE -		3. LAST (FAMILY) Mays			
4. DATE OF BIRTH M/M/DD/C CYY 08/21/1947		5. AGE YRS. 54		6. SEX F		7. DATE OF DEATH M/M/D/D/C CYY 10/03/2001	
8. STATE OF BIRTH CA		10. SOCIAL SECURITY NO. -3592		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS Married	
14. RACE White		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. USUAL EMPLOYER De Anza Country Club			
17. OCCUPATION Shop Manager		18. KIND OF BUSINESS Golf		19. YEARS IN OCCUPATION 22			
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 1724 Cheyenne Way							
21. CITY Borrego Springs		22. COUNTY San Diego		23. ZIP CODE 92004		25. STATE OR FOREIGN COUNTRY CA	
26. NAME, RELATIONSHIP Dennis Harry Mays - Husband				27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 1724 Cheyenne Way, Borrego Springs, CA 92004			
28. NAME OF SURVIVING SPOUSE—FIRST Dennis		29. MIDDLE Harry		30. LAST (MAIDEN NAME) Mays			
31. NAME OF FATHER—FIRST Al		32. MIDDLE -		33. LAST Lubig		34. BIRTH STATE MI	
35. NAME OF MOTHER—FIRST Bonnie		36. MIDDLE Jean		37. LAST (MAIDEN) Roesch		38. BIRTH STATE CA	
39. DATE M/M/D/D/C CYY 10/11/2001		40. PLACE OF FINAL DISPOSITION RES- Dennis Harry Mays, 1724 Cheyenne Way, Borrego Springs, CA 92004					
41. TYPE OF DISPOSITION(S) CR/RES		42. SIGNATURE OF EMBALMER ▶ Not Embalmed				43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR All Faiths Mort. & Crem. Svs		45. LICENSE NO. FD-1733		46. SIGNATURE OF LOCAL REGISTRAR <i>George R. Flores</i>		47. DATE M/M/D/D/C CYY 10/05/2001	
101. PLACE OF DEATH San Diego Hospice		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP <input type="checkbox"/> RES. CARE <input checked="" type="checkbox"/> OTHER		104. COUNTY San Diego	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 4311 Third Ave.		106. CITY San Diego					
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) IMMEDIATE CAUSE (A) Metastatic Ovarian Carcinoma						TIME INTERVAL BETWEEN ONSET AND DEATH Years	
DUE TO (B)						108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER	
DUE TO (C)						109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (D)						110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 None							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE TAH & Oophorectomy, 12/--/1997							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED DECEDENT ATTENDED SINCE M/M/D/D/C CYY 09/26/2001		115. SIGNATURE AND TITLE OF CERTIFIER <i>Kerry J. Corboy MD</i>		116. LICENSE NO. AFC 724C		117. DATE M/M/D/D/C CYY 10/05/2001	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP Kerry J. Corboy MD, 4311 Third Ave., San Diego, CA 92103		120. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER ▶				127. DATE M/M/D/D/C CYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
STATE REGISTRAR		A		B		C	
		D		E		F	
		G		H		FAX AUTH. #	
						CENSUS TRACT	

A703331

County of San Diego - Department of Health Services - 3851 Rosecrans Street. This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. Required fee paid.

George R. Flores

DATE ISSUED: OCTOBER 08, 2001

GEORGE R. FLORES, M.D.
REGISTRAR OF VITAL RECORDS
County of San Diego

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



APN: 1318-26-101-006
ACCOMMODATION
WHEN RECORDED RETURN TO:
DENNIS H. MAYS
301 MISSION AVENUE #607
OCEANSIDE, CA 92054

ACCOMMODATION RECORDING INSTRUCTIONS

TO: **KAECY'S DATA SERVICE**

The undersigned hereby hand you the following document(s) for recordation in Douglas County, Nevada in no particular order.

AFFIDAVIT TERMINATING JOINT TENANCY

The undersigned hand you a check in the amount of \$ N/A payable to the Douglas County Recorder. The undersigned understand that the documents will not be recorded if the check is insufficient.

The undersigned declare and represent to you that they have all necessary authority and power to record, and to instruct you to record the documents.

The undersigned hereby understand and agree that you:

- ✓ will not review the document for any purpose and will not issue any policies of title insurance based on the recording of the documents;
- ✓ will perform this service as an accommodation only;
- ✓ shall have absolutely no liability or responsibility as to whether the documents may be recorded or as to the effect of recordation of the documents;
- ✓ do not perform this service in the ordinary course of business and are unwilling to record the documents as an accommodation without being fully indemnified and held harmless as set forth in the following paragraph.

IN CONSIDERATION FOR THIS SERVICE, THE UNDERSIGNED HEREBY PROMISE, COVENANT AND AGREE THAT WE HOLD YOU HARMLESS AND PROTECT AND INDEMNIFY YOU AGAINST ANY AND ALL LIABILITIES, LOSSES, DAMAGES, EXPENSES, AND CHARGES INCLUDING, BUT NOT LIMITED TO, ATTORNEYS' FEES AND COSTS OF SUIT WHICH YOU MAY SUSTAIN FROM RECORDING THE DOCUMENTS LISTED ABOVE. THE UNDERSIGNED HEREBY RELEASE YOU FROM ANY LIABILITY WHICH MAY OCCUR BY REASON OF YOUR FAILURE TO RECORD THE DOCUMENTS IN A TIMELY FASHION. THE UNDERSIGNED FURTHER ACKNOWLEDGE THAT THIS INSTRUCTION WILL BE ATTACHED TO EACH DOCUMENT LISTED ABOVE AND MADE A PART THEREOF.

Signature Dennis H. Mays

Name Printed DENNIS H. MAYS