

WHEN RECORDED MAIL TO:

Peter C. Gillham
2386 VERA WAY
GARDNERVILLE, NV 89410

MAIL TAX STATEMENTS TO:

Peter C. Gillham
2386 VERA WAY
GARDNERVILLE, NV 89410

The undersigned hereby affirms that this document submitted for recording includes a death certificate which may contain a social security number as required by NRS 440.380(1)(a).

SPACE ABOVE FOR RECORDER'S USE ONLY

Escrow No. 1803226-RLT
APN No.: 1321-29-002-023

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA
COUNTY OF DOUGLAS

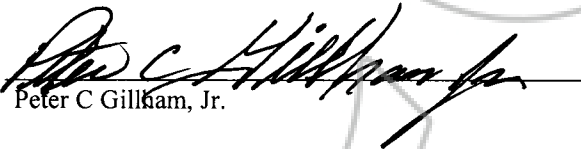
} SS:

Peter C. Gillham, Jr, of legal age and competent, to be a witness as to the matters stated herein, being duly sworn, deposes and says

That Elizabeth R. Davis the decedent mentioned in the attached copy of the Certificate of Death, is the same person as Elizabeth R. Davis named as one of the Grantees in that certain Deed from Peter C Gillham, Jr., Trustee of the Peter C Gillham Jr Trust dated April 19,2012 to Peter C Gillham Jr, an unmarried man and Elizabeth R. Davis, a single woman as joint tenants recorded as Instrument No. 2016-882847, on June 20, 2016 of Official Records of Douglas County County, Nevada, covering the following described property.

SEE EXHIBIT "A" ATTACHED HERETO AND BY REFERENCE MADE A PART HEREOF

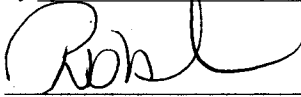
Dated: August 27, 2018


Peter C Gillham, Jr.

STATE OF NEVADA
COUNTY OF DOUGLAS

} SS:

This instrument was acknowledged before me on 8/27/18,
by Peter C. Sullivan Jr



NOTARY PUBLIC



COPY

Escrow No.01803226 RLT

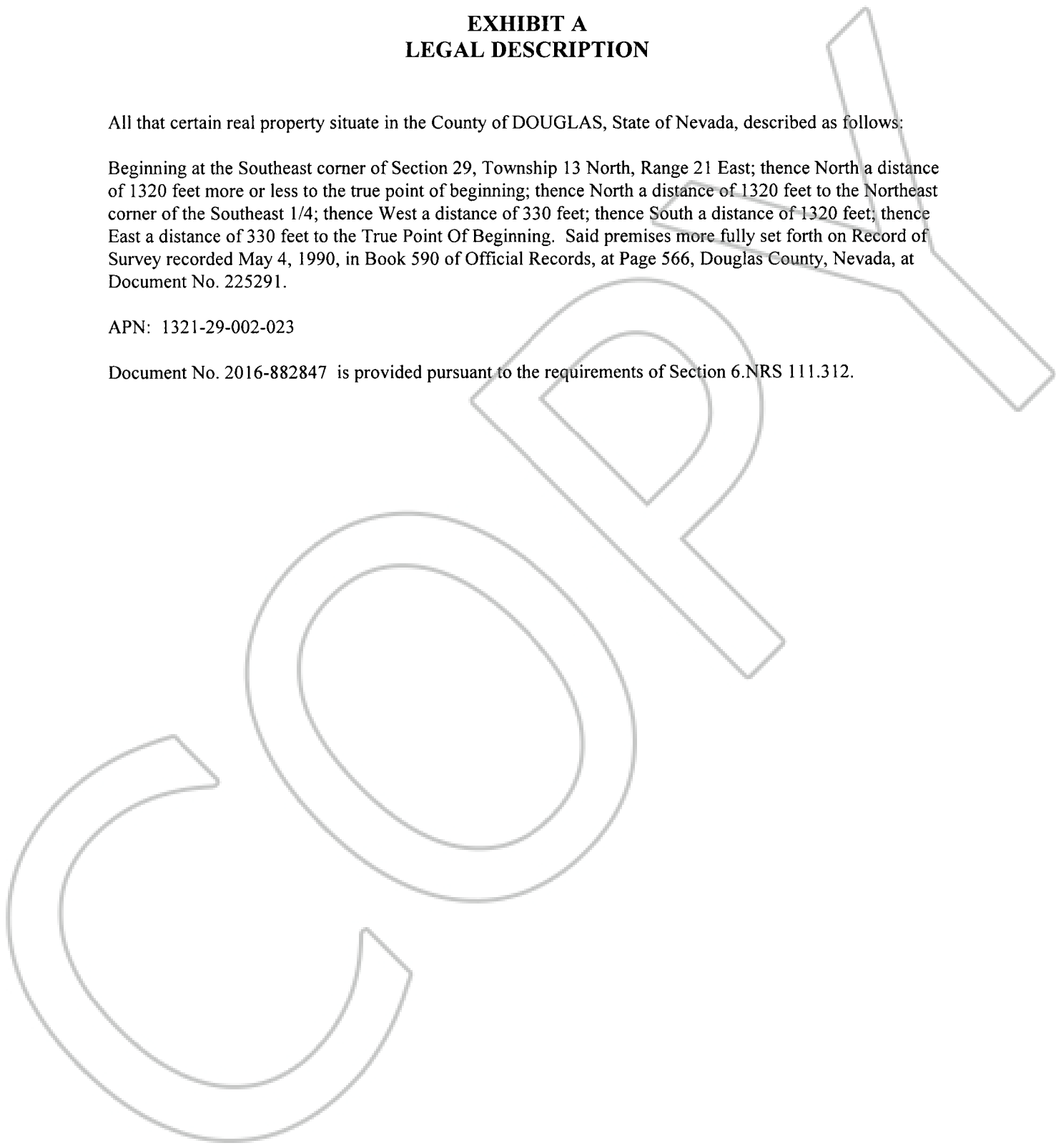
**EXHIBIT A
LEGAL DESCRIPTION**

All that certain real property situate in the County of DOUGLAS, State of Nevada, described as follows:

Beginning at the Southeast corner of Section 29, Township 13 North, Range 21 East; thence North a distance of 1320 feet more or less to the true point of beginning; thence North a distance of 1320 feet to the Northeast corner of the Southeast 1/4; thence West a distance of 330 feet; thence South a distance of 1320 feet; thence East a distance of 330 feet to the True Point Of Beginning. Said premises more fully set forth on Record of Survey recorded May 4, 1990, in Book 590 of Official Records, at Page 566, Douglas County, Nevada, at Document No. 225291.

APN: 1321-29-002-023

Document No. 2016-882847 is provided pursuant to the requirements of Section 6.NRS 111.312.



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3978071 **CERTIFICATE OF DEATH** 2017017566
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

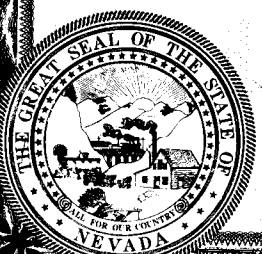
REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Elizabeth Regina DAVIS		2. DATE OF DEATH (Mo/Day/Year) September 16, 2017		3a. COUNTY OF DEATH Carson City	
3b. CITY, TOWN, OR LOCATION OF DEATH Carson		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or Carson Tahoe Regional Medical Center		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE (Specify)		6. Hispanic Origin? Specify Yes - Mexican	
7a. AGE-Last birthday (Years) 53		7b. UNDER 1 YEAR (MOS DAYS HOURS MINS)		7c. UNDER 1 DAY (HOURS MINS)	
8. DATE OF BIRTH (Mo/Day/Yr) August 03, 1964		9a. STATE OF BIRTH (if not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Never Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER 3861		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Care Giver		14b. KIND OF BUSINESS OR INDUSTRY Adult Care	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 2386 Vera Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Joe DAVIS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Dolores LARA		
18a. INFORMANT- NAME (Type or Print) Dolores LARA		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3265 Laurel Street Napa, California 94558			
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) CHRISTIE D WILDE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 917		20c. NAME AND ADDRESS OF FACILITY FitzHenry's Carson Valley Funeral Home 1380 Highway 395 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) JOSE AGUIRRE MD 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) September 20, 2017		21c. HOUR OF DEATH 09:07		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) Jose Aguirre MD 1600 Medical Parkway Carson City, NV 89703			
23b. LICENSE NUMBER 11479		24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 21, 2017		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				Interval between onset and death	
(a) Cardiopulmonary Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) End Stage Liver Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Acute Alcoholic Hepatitis				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Encephalopathy				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Hepatorenal Syndrome; Unknown Etiology				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



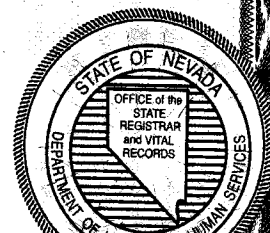
CERTIFIED COPY OF VITAL RECORDS

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.

Julie Katchear
STATE REGISTRAR

DATE ISSUED: **JUL 02 2018**

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



VRS-Rev-20120523a