

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA }  
COUNTY OF Douglas... } ss

VIOLET FRAKES JEPSEN, being first duly sworn, deposes and says that affiant is over the age of 21 years and competent to be a witness as to the matters hereinafter stated.

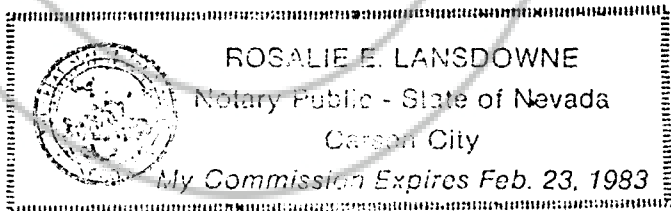
That affiant is the person named as VIOLET FRAKES JEPSEN, one of the grantees in that certain deed recorded April 27, 1973, as Document No. 65837 in Book 473, Page 1161, of the official records in the office of the County Recorder of Douglas County, State of Nevada, for property more particularly described in Exhibit "A" attached hereto.

That HANS R. JEPSEN was one of the grantees named in said deed and was the identical person named as HANS RAYMOND JEPSEN, the decedent, in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.

*Violet Frakes Jepsen*  
VIOLET FRAKES JEPSEN

Subscribed and sworn to before me this 22nd day of July, 1981.

*Rosalie E. Lansdowne*  
Notary Public



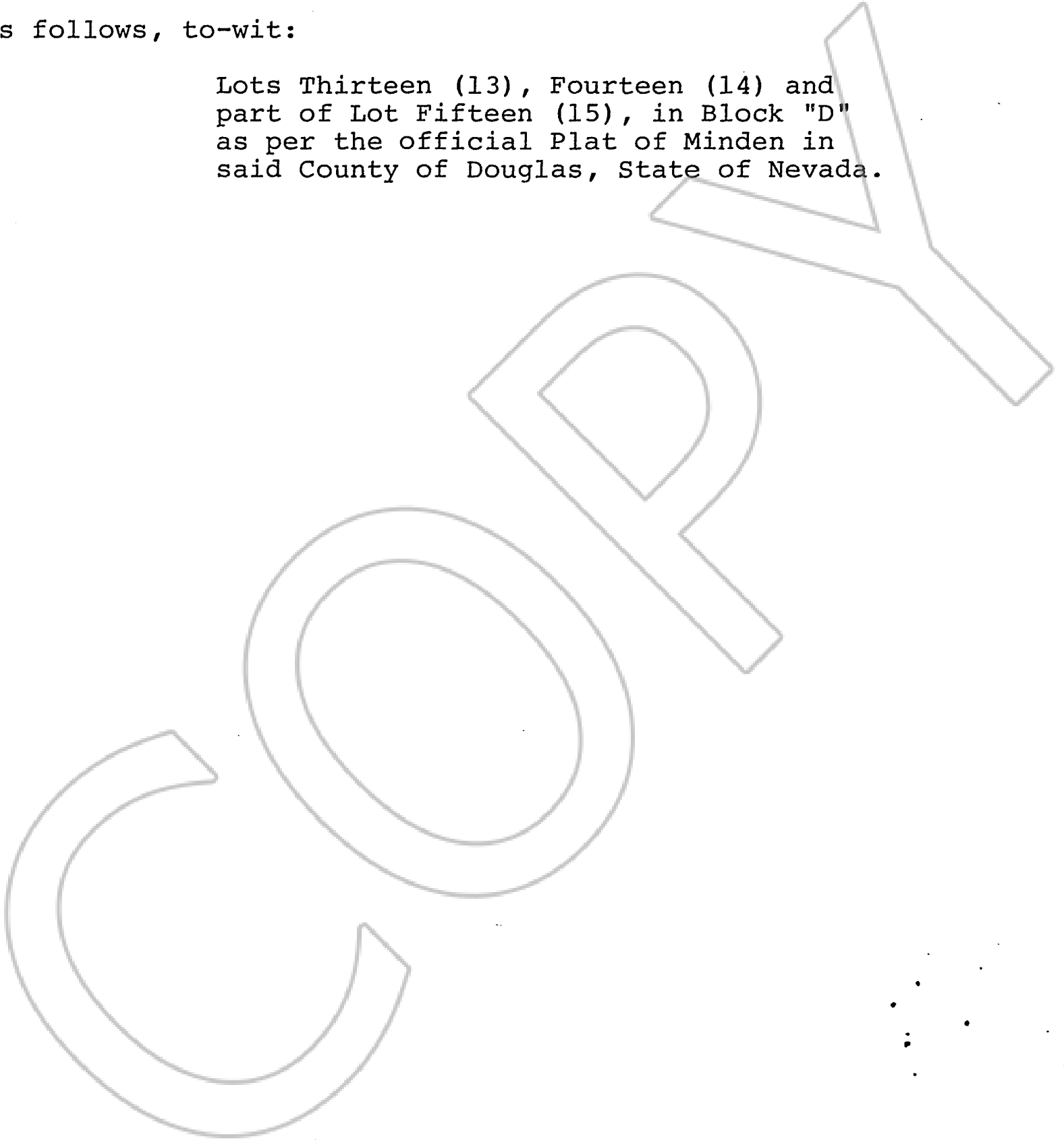
Return to:  
CROWEN, CROWEN & CROWEN  
P.O. Box 1000  
Carson City, NV 89701

58821

EXHIBIT "A"

The property is more particularly described as certain lots, pieces, or parcels of land situate in Minden, County of Douglas, State of Nevada, and bounded and described as follows, to-wit:

Lots Thirteen (13), Fourteen (14) and part of Lot Fifteen (15), in Block "D" as per the official Plat of Minden in said County of Douglas, State of Nevada.



**58821**

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STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH  
VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

ROLL 50 IMAGE 405

LOCAL FILE NUMBER 745

STATE FILE NUMBER

1 DECEASED—NAME First Middle Last Hans Raymond JEPSEN			2 DATE OF DEATH (Month, Day, Year) June 1, 1981		3a COUNTY OF DEATH Washoe	
3b CITY, TOWN, OR LOCATION OF DEATH Reno			3c HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) Washoe Medical Center			3d If Hosp or Inst, indicate ICA, O.P. letter, etc. (Specify) Inpatient
4a RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		4b ETHNIC	5a AGE—Last Birthday (Years) 81	5b UNDL 1 YEAR MOS : DAYS	5c UNDER 1 DAY HOURS : MINS	6 DATE OF BIRTH (Mo, Day, Yr) July 28, 1899
7 STATE OF BIRTH (if not U.S.A., name country) Nevada		8 CITIZEN OF WHAT COUNTRY U.S.A.		9 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	10 SURVIVING SPOUSE (if wife, give maiden name) Violet Guise	11 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes
12 SOCIAL SECURITY NUMBER [REDACTED] 8403A		13 USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Clerk Treasurer		14a KIND OF BUSINESS OR INDUSTRY Government		
15a RESIDENCE—STATE Nevada		15b COUNTY Douglas	15c CITY, TOWN, OR LOCATION Minden	15d STREET AND NUMBER 1591 County Road		15e INSIDE CITY LIMITS (Specify Yes or No) Yes
16 FATHER—NAME First Middle Last Hans Christian Jepsen			17 MOTHER—MAIDEN NAME First Middle Last			
18a INFORMANT—NAME (Type or Print) Violet Jepsen			18b MAILING ADDRESS (Street or P.F.D. No., City or Town, State, Zip) 1591 County Rd., Minden, Nevada			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b CEMETERY OR CREMATORY—NAME Genoa Cemetery		19c LOCATION City or Town State Genoa Nevada		
20a FUNERAL DIRECTOR—(Specify if Person Acting as Such) [Signature]		20b NAME AND ADDRESS OF FACILITY Walton's Sparks Funeral Home 1745 Sullivan Lane, Sparks, Nevada 89431				
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title) [Signature] DATE SIGNED (Mo., Day, Yr.) 6-2-81 HOUR OF DEATH 10:30 A.M. 21b NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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 and Title) [Signature] DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH 22b PRONOUNCED DEAD (Mo., Day, Yr.) 22c PRONOUNCED DEAD (Hour) 22d ON 22e AT			
23 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) Stephen Savran, M. D., 2005 Silverada Blvd., Reno, Nevada 89520						
24a (Signature) [Signature] Deputy Registrar					24b DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) June 2, 1981	
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						
PART 1 (a) (b) (c) 1. (a) <u>Acute myocardial infarction</u>			Interval between onset and death			
(b) <u>HTN</u>			Interval between onset and death			
(c) <u>Arteriosclerosis</u>			Interval between onset and death			
PART 2 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART 1 (a)				26 AUTOPSY (Specify Yes or No) No	27 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No) No	
28a ACC. SUICIDE FROM UNDETERMINED OR PENDING INVESTIGATION (Specify)	28b DATE OF INJURY (Mo., Day, Yr.)	28c HOUR OF INJURY M	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	28h STREET OR R.F.D. No. [REDACTED] CITY OR TOWN STATE		

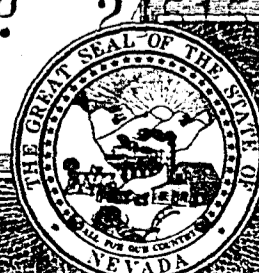
This is to certify that the above is a true and correct copy of the certificate on file in this office.

58821

John H. Carr, M.D. No. 2  
John H. Carr, M.D.  
STATE REGISTRAR

Date Issued: JUL 13 1981

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WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

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COPY

REQUESTED BY  
Crowell, Ltd.  
IN OFFICIAL RECORDS OF  
DOUGLAS CO. NEVADA  
\$ 7.00 Pd.  
1981 AUG -3 AM 10:59

MARIE A. RABEL  
RECORDER  
Laura Kenney  
Dep. CLERK 881 PAGE 040  
**58821**