

1 RECORDING REQUESTED BY:

✓ 2 MILOS TERZICH, LTD.
3 P.O. Box 608
4 Gardnerville, NV 89410

4 WHEN RECORDED MAIL TO:

5 MILOS TERZICH, LTD.
6 P.O. Box 608
7 Gardnerville, NV 89410

8 AFFIDAVIT TERMINATING JOINT TENANCY

9 STATE OF NEVADA)
10) ss.
11 COUNTY OF DOUGLAS)

12 LINDA M. CRANE, being first duly sworn, deposes and says:
13 That affiant is over the age of 18 years and competent
14 to be a witness as to the matters hereinafter stated;

15 That affiant is LINDA M. CRANE, the person named as
16 one of the grantees in that certain Deed recorded as Document
17 78008, in Book 275, Page 56, in the Office of the County
18 Recorder of the County of Douglas, State of Nevada;

19 That ELBRIDGE D. CRANE was the other grantee named
20 in said Deed and was the identical person named as ELBRIDGE
21 DENNIS CRANE, the Decedent, in that certain Death Certificate, a
22 certified copy of which is attached hereto and made a part hereof;

23 That affiant, LINDA M. CRANE, is the surviving joint
24 tenant of the property described in the foregoing Deed.

25 Linda M. Crane
26 LINDA M. CRANE

27 SUBSCRIBED AND SWORN to before me
28 this 27 day of June, 1983.

29 Milos Terzich
30 NOTARY PUBLIC



084131

BOOK 783 PAGE 1052

CERTIFICATION STATEMENT

This is to certify, that this is a true and correct copy of the vital statistics record which is on file in this office.

Curtiss E. Weidmer, M.D.

Curtiss E. Weidmer **SEAL**
Deputy Registrar
Registrar of Vital Statistics **JUN 23 1983**
El Dorado County, California Date

CERTIFICATE OF DEATH STATE OF CALIFORNIA

| STATE FILE NUMBER | | | | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER | | | | | | | |
|----------------------------------|--|--|---|---|---|---|--|---|--|--|--|
| DECEDENT PERSONAL DATA | 1A. NAME OF DECEDENT—FIRST ELBRIDGE | | 1B. MIDDLE DENNIS | | 1C. LAST CRANE | | 2A. DATE OF DEATH (MONTH, DAY, YEAR) May 24, 1983 | 2B. HOUR 1628 | | | |
| | 3. SEX Male | 4. RACE/ETHNICITY White | | 5. SPANISH/HISPANIC NO <input checked="" type="checkbox"/> | 6. DATE OF BIRTH May 15, 1939 | | 7. AGE 44 YEARS | IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HOURS HOURS MINUTES | | | |
| | 8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) Illinois | | 9. NAME AND BIRTHPLACE OF FATHER Elbridge F. Crane-Michigan | | | 10. BIRTH NAME AND BIRTHPLACE OF MOTHER Alice Caldwell-Illinois | | | | | |
| | 11. CITIZEN OF WHAT COUNTRY United States | | 12. SOCIAL SECURITY NUMBER [REDACTED]-6348 | | 13. MARITAL STATUS Married | | 14. NAME OF SURVIVING SPOUSE (IF WIFE ENTER FULL NAME) Linda DeMotte | | | | |
| | 15. PRIMARY OCCUPATION Outfitter | | 16. NUMBER OF YEARS IN OCCUPATION 7 | 17. EMPLOYER (IF SELF EMPLOYED, TO STATE) Self Employed | | 18. KIND OF INDUSTRY OR BUSINESS Pack trips | | | | | |
| | 19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) Lot 1 Logging Road Lane | | | | 19B. | | 19C. CITY OR TOWN Stateline | | | | |
| USUAL RESIDENCE | 19D. COUNTY Douglas | | | 19E. STATE Nevada | | 20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Linda Crane (wife) P.O. Box 4606 Stateline, Nevada 89449 | | | | | |
| | 21A. PLACE OF DEATH Barton Memorial Hospital | | 21B. COUNTY El Dorado | | | | | | | | |
| PLACE OF DEATH | 21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) South Ave. & 4th | | | 21D. CITY OR TOWN So. Lake Tahoe | | | | | | | |
| | 22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Idiopathic cardiomyopathy CONDITIONS, IF ANY, WHICH COULD BE SAID TO BE DUE TO, OR AS A CONSEQUENCE OF THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST (B) (C) 23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH | | | | | | | 24. WAS DEATH REPORTED TO CORONER? yes | 25. WAS BICENT PERFORMED? no | 26. WAS AUTOPSY PERFORMED? yes | |
| PHYSICIAN'S CERTIFICATION | | | | 27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 22 OR 23? TYPE OF OPERATION | | | | | | | |
| | | | | 28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) I LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.) | | 28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE <i>James J. Adams</i> | | 28C. DATE SIGNED | 28D. PHYSICIAN'S LICENSE NUMBER | | |
| INJURY INFORMATION | | 29. SPECIFY ACCIDENT, SUICIDE, ETC. | | 30. PLACE OF INJURY | | 31. INJURY AT WORK | | 32A. DATE OF INJURY—MONTH DAY YEAR | | 32B. HOUR | |
| | | 33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) | | | | 34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) | | | | | |
| CORONER'S USE ONLY | | 35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED AS REQUIRED BY LAW. I HAVE HELD AN INQUIRY INVESTIGATION. | | 35B. CORONER—SIGNATURE AND DEGREE OR TITLE <i>James J. Adams</i> | | 35C. DATE SIGNED 5-31-83 | | | | | |
| | | 36. DISPOSITION Cremation | | 37. DATE—MONTH DAY YEAR 5-27-83 | | 38. NAME AND ADDRESS OF CEMETERY OR CREMATOR View Crematory Reno, Nevada | | 39. CORONER'S SIGNATURE AND LICENSE NUMBER <i>Thomas W. McQueen</i> 6561 | | | |
| STATE REGISTRAR | | 40B. LICENSE NO. F 1048 | | 41. LOCAL REGISTRAR'S SIGNATURE <i>Curtiss E. Weidmer</i> | | DATE ACCEPTED BY LOCAL REGISTRAR 5-31-83 | | | | | |
| | | A. BOOK 783 | | C. PAGE 1053 | | E. 084131 | | | | | |
| | | B. Wilson Family Mortuary So. Lake Tahoe, CA | | D. 408 | | F. 5-31-83 | | | | | |

RECEIVED

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE ORIGINAL AS FILED IN THE OFFICE OF THE COUNTY CLERK OF DOUGLAS COUNTY, NEVADA, ON JULY 13, 1983 AT 11:35 AM.



FILED IN THE OFFICE OF THE COUNTY CLERK OF DOUGLAS COUNTY, NEVADA, ON JULY 13, 1983 AT 11:35 AM.

COPY

REQUESTED BY
Miles Krzich Ltd
IN OFFICIAL RECORDS OF
DOUGLAS CO. NEVADA

7.000
1983 JUL 13 AM 11:35

SUZANNE BEAUDREAU
RECORDER

Betty Herdon
Dep

084131

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