AFFIDAVIT ESTABLISHING TERMINATION OF DECEDENT'S INTEREST IN REAL PROPERTY

STATE	OF	NEVADA)	
)	88
COUNTY	OF	DOUGLAS)	

MARGUERITE M. HARVEY, being duly sworn, deposes and says as follows:

- 1. At all times relevant, I was the wife of Daniel M. Harvey, who died on August 4, 1983. A certified copy of the Death Certificate of Daniel M. Harvey is attached hereto as Exhibit 1.
- 2. At the time of his death, my husband held in joint tenancy with me as community property an interest in the real property described as the Southwest Quarter of Section 35, Township 14 North, Range 20 East, M.D.B.&M. as created and established by a Deed of Trust on said property in our favor.
- 3. The Deed of Trust on said property was dated April 11, 1980, and recorded on said date in Book 480 of the official records at Page 714, Douglas County, Nevada records as Document No. 43606 and was to secure an indebtedness in the amount of \$100,000.00, and any other amounts as therein provided. A subsequent advance dated April 11, 1981 pursuant to that Deed of Trust in the amount of \$26,000.00 was recorded May 7, 1981 in Book 581 of official records at Page 310, Douglas County, Nevada records as Document No. 56031. A subsequent advance dated November 18, 1982 in the amount of \$20,000.00 under said Deed of Trust was recorded November 19, 1982 in Book 1182 of official records at Page 970, Douglas County, Nevada records as Document No. 73376. Said Deed of Trust was subsequently re-recorded in

Book 883 of official records at Page 1273, Douglas County, Nevada records as Document No. 085617.

- 4. On his death, all interest in said real property created or existing by virtue of said Deed of Trust vested in me as my sole and separate property. There were and are no other interests in said Deed of Trust or in said property as created by said Deed of Trust.
- 5. This Affidavit is made pursuant to the provisions of NRS 40.470(5) and NRS 111.365 to terminate the record interests of my deceased husband. I was the sole heir of all of the property of my husband pursuant to his Last Will and Testament.
- 6. I swear that the foregoing facts are true and that I could and would so testify if called as a witness.

Executed this 10% day of June, 1985.

Morguerit In Howey
MARGUERITE M. HARVEY

Subscribed and sworn to before me

this / M day of June, 1985.

Notary Public





STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH - SECTION OF VITAL STATISTICS 31114438 **CERTIFICATE OF DEATH** LOCAL FILE NUMBER DATE OF DEATH (Month, Day, Year) DECLASED-NAME OR PRINT HARVEY August 4, 1983 Douglas Martin Daniel INSIDE CITY LIMITS (Specify Yes or No)
3d. Yes If Hosp or fost indicate DOA, OP/Emer. CITY, TOWN, OR LOCATION OF DEATH IOSPITAL OR OTHER INSTITUTION—Name III not either, give street and number) BLACK INK UNDER I DAY DATE OF BIRTH (Mo. Day, Yr.)
10URS MINS 5c 781 Esmeralda Minden DECEDENT RACE - (e.g., Winte, Black, American Indian, etc) (Specify)
4a White UNDER 1 YEAR 6 Oct. 25, 1912 American SURVIVING SPOUSE (If well give made name) WAS DECEDENT EVER IN US ARMED FORCES?

Marguerite Miller Vancolly Yes or No.) Yes CITIZEN OF WHAT COUNTRY STATE OF BIRTH H DIAIR WELRHO IN (III not USA, name country)
CONNECTICUT USA Specifyl Married "Marguerite Miller ACCEPTATION ACCEPTANT INC. BELGARATE KIND OF BUSINESS OR INDUSTRY USUAL OCCUPATION (Give Kind of Work Done During Most of SOCIAL SECURITY NUMBER Working Life, Even if Retired)
149 Commisssioned Officer 905 DUPLETION OF U.S. Air Force 142 -1262 RESIDENCE ITEMS CITY, TOWN, OR LOCATION STREET AND NUMBER RESIDENCE-STATE Nevada Douglas 15c Minden 15d781 Esmerelda IATHER- NAME // Fust **PARENTS** Thomas Margaret ` llarvey Street of R.F. O. No. Copy of John, State, 20) THE ORMANIA NAME CLASE OF Propile, 1/2/////// 781 Esmerelda, St. Minden , Nevada | 1 Mrs. Marguerite Harvey BUHAN CHEMATION REMOVAL OTHER Specify ECATION IL CIVOT TOWN CEMETERY OR CREMATORY-NAME is Reno, Nevada Sierra Crematory Carson City Nevada NAME AND ADDRESS OF FACILITY 200 Walton Funeral Home 1281 me 13y m of g isignature post title is Date Signet And Corr. VI at the party of examination approximation of the state of PROMOUNTED DEAD IMO DOWY YELL NAME AND ADDRESS OF CENTIFIER PHYSICIAN, MEDICAL EXAMINER OR COHONERS Pype of Print William O'Shaughnessy (MD) 1532 by # 395 Cardnerville, Nevada 89/10 DATE RECEIVED BY REGISTRARIMA DAY, Y. J DEATH DUE TO COMMUNICABLE DISTASE REGISTRAR CONDITIONS OF ANY AHICH GAVE HISE TO IMMEDIATE 75 IMMEDIATE CAUSE Y ONE CAUSE PER LINE FOR (a) (b). AND (c)] -CAUSE STATING THE THE TO DRAS A CONSEQUENCE OF DUI TO OR AS A metasta tic (Specify WAS CASE REFERHED TO Yes or No) COHONER (Specify Yes or No) CAUSE OF OTHER SIGNIFICANT CONDITIONS DEATH No DESCRIBE HOW INJURY OCCURRED ACC, SUICIDE, HOM, UNDET, OR PENDING INVEST DATE OF INJURY IME, Day, YEA HOUR OF INJURY (Specify) 783
283
183UITY AT WOTHIS IS to certify that the above few true and correct (Specify Yes or Not the certificate on file in this office.
283 CITY OR TOWN of the certificate on file in this office. JUN 07 1985 Date Issued: WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

EXHIBIT



185 NUG -2 P1 29

SUZANNE BEAUDREAU
RECORDER
SOO PAID SEL DEPUTY

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BOOK 885 PAGE 292