When Recorded Mail To:

✓ Beverly Jean Cordes P. O. Box 1683 Gardnerville, Nevada 89410

## AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA ) : ss
COUNTY OF DOUGLAS )

BEVERLY JEAN CORDES, being first duly sworn, deposes and says:

That she is over the age of 21 years and competent to be a witness as to the matters hereinafter stated.

That the affiant is the person named as BEVERLY JEAN CORDES, joint tenant, one of the two grantees on that certain Quitclaim Deed recorded in the Office of the County Recorder of Douglas County, State of Nevada, on the 5th day of February, 1982, in Book 282, Page 352, being document number 64639, wherein ROY E. CORDES and BEVERLY JEAN CORDES, husband and wife, as joint tenants, were named as grantees to all that real property described as follows:

Lot 8 in Block B of HAWKINS ADDITION TO THE TOWN OF GARDNERVILLE, DOUGLAS COUNTY, NEVADA, according to the official map thereof filed in the office of the County Recorder of Douglas County, Nevada, on May 6, 1915,

That ROY E. CORDES was one of the grantees named in said Quitclaim Deed and was the identical person named as ROY EDWARD CORDES, the decedent, in that Death Certificate, a certified copy of which is annexed hereto as Exhibit "A" and made a part hereof, as if set forth in full, verbatim.

That your affiant is the surviving spouse of said decedent

and that said decedent died on the 20th day of March, 1986.

Beverly Jean Cordes
BEVERLY JEAN/CORDES

SUBSCRIBED AND SWORN to before me

this  $1^{S^{+}}$  day of A

, 1986.

Notary Public

Notary P Appointment

JAIAES M. O'REILLY
Notary Public - State of Novada
Appointment Recorded to Douglas County
MY APPOINTMENT EXPIRES SEPT. 27, 1988



## 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

}			CERTIFICATE OF	DEATH	- ( )
	LOCAL FILE NUMBER	<u> </u>			STATE FILE NUMBER
TYPE OR PRINT (	DECEASED-NAME FIRST	Middle	Last	DATE OF DEATH (Month, Day, Y	ear) COUNTY OF DEATH
IN PERMANENT BLACK INK	I. ROY	Edward	CORDES INSTITUTION—Name (If not either, give	2 March 20, 1	IITS III Hosp, or Inst. indicate DOA, OP/Emer.
DECEDENT	36 Gardnerville	2 Garson V	alley Emergenc	Y Specify Yes or I	Rm. Inpatient (Specify)
:	RACE—(e.g., White, Black, American Indian, etc) (Specify)	ETHNIC	AGE - Last UNDER 1 YE Birthday (Years) MOS • DA	AR   UNDER 1 DAY   D'ATE OF BI	RTH (Mo , Day, Yr ) SEX
		4b American	5a 63   5b		st 21, 1922 7 Male
# DEATH OLCURRED IN INSTITUTION	STATE OF BIRTH	CITIZEN OF WHAT COUNT	WIDOWED, DIVORCED		Jean
SEE HANDBOOK RECARDING	8 Nevada SOCIAL SECURITY NUMBER	U.S.A.	(Specify) Marrie	d Beverly B	ucknell 12 Yes
RESIDENCE ITEMS	13 7489	Working Life, Even if Retire	n Repairman, quipment	14b Municinal	Water Company
L	RESIDENCE-STATE COUN	ity	CITY, TOWN, OR LOCATION	STREET AND NUMBER	TINSIDE CITY LIMITS
<b>-&gt;</b> (		Douglas	15c Gardnervill	e 15d.	15e yes
PARENTS	FATHER-NAME FIRST	Middle	Last MOTHER-M	/ /	Middle Last
And the second s	16 John INFORMANT—NAME (Type of Print)	Henry	Cordes 17.	Anna (Street of R.F.D. No., City of	Tietje
	Beverly Jear	Cordes			ville, NV 89410
,	BURIAL, CREMATION, REMOVAL, OTHE		Y OR CREMATORY-NAME	LOCATION	City or Town State
DISPOSITION	19a Burial	19b (	arden Cemetery	19c.	Gardnerville Nevada
	FUNERAL DIRECTOR SIGNATURE OF PO	on Aring as Such INAME AN	Fitzl	lenry's Funeral	Home
	21a To the besy of my knowledge.	death occurred at the time, do	12 S. Carson. (	carson City, Ne	evada 89702 nd/or investigation, in my/op/pion death occurred o
ſ	due to the cause(s) claim?  (Signature and Itile)  DATE SIGNED (Mo. Day, Yr.)  COLUMN TO SIGNED (Mo. Day, Yr.)  Aug. NAML OF ATTENDING PHYSI			at the time, date and place and (Signature and Inte)	due to the cause(s) stayd.
Ì	DATE SIGNED (Mo. Day, Yr.)	HOUR OF DEA	TH	DATE SIGNED IMO. Doy (Y)	HOUR OF DEATH
OFORIEIED	ទី <u>ខ្</u> តី 21b	21c	E S	March 22, 198	6 / 7:22 P.M.
GERTIFIER	NAME OF ATTENDING PHYS	CIAN IF OTHER THAN CERTIF	ER (Type or Print)	PRONOUNCED DEAD (Mo. Day, Y) March 20, 198	J PRONOUNCED DEAD (Hour)
	210	THE COLUMN TO THE PARTY OF THE	. EXAMINER OR CORONER) (Type or Pri	22d ON	22e. AT 7:22 P.M.
Į			V 1		ndon NV 90422
ONDITIONS	REGISTRAR	, Depu	ty Coroner, P.		TO COMMUNICABLE DISEASE
IF ANY AMCH GAVE	24a (Signature) > XU	Aut	246 March 2	H, 1981, 240 YES	E) NOX
HISE TO IMMEDIATE CAUSE	25 IMMEDIATE CAUSE ( JENIER O	\			Interval between onset and death
STATING THE UNDERLYING CAUSE LAST	PART (a) COTONATY  DUE TO, OR AS A CONSE		·//	·	Interval between onset and death
1/	(m) Atherosc	lerotic Hea	rt Disease		
//	DUE TO, OR AS A CONSEC	DUENCE OF			. Interval between onset and death
CAUSE OF	(c) OTHER SIGNIFICANT CONDITI	095 Conditions contribution	o death but not related to cause given in	PART 1 (a) AUTOPSY	(Specify WAS pasts pressure)
DEATH	PART II	DAS CONDITIONS CONTRIBUTING	o death but not related to cause given in	26. Yes	(Specify WAS CASE REFERRED TO Yes or Not CORONER (Specify Yes or Not 27. Yes
\ \I	ACC SUICIDE, HOM UNDET, DATE O	OF INJURY (MO , Day, Yr / HOL	IR OF INJURY DESCRIBE HOW	INJURY OCCURRED	127 7 4 5
1 /	(Specify) 28a 28b.	28c			
\ \	(Specify Yes or No)	E OF INJURY—At home, farm, a building, atc (Sp.	nafy)	STREET OR R.F.D. NS.E.A	CITY OR TOWN STATE
1	286 281		289		710 55000
/		/ /		_	Nº 55829
1			VITAL RECORDS (	Uherine	5 Louis
W AU	The state of the s	that the above is a t		By:	O. O
	of the certificate	on file in this office	. PAMIMIL A		
	Date issued:	MAR 24 198		Deputy Region	
題目	A P P P P P P P P P P P P P P P P P P P				
The Man		WARNING IT IS ILL	FRAL TO ALTER OR COPY	THIS DOCUMENT	
			CONT. TO METER THE CONT.	an we make the first of the	
<del></del>	·.			BOOK <b>486</b> PAGE <b>4</b>	63 <b>1</b> 33 <b>010</b>



186 APR -4 P2:29

SUZANKE BEAUDPEAU
RECORDER

SOO PAID BA DEPUTY

133010

BOOK 486 PAGE 464