

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA     )  
                              :  
CARSON CITY         )

PATRICIA JACKSON, being first duly sworn, deposes and says as follows:

1. That your affiant is over the age of twenty-one (21) years of age and competent to be a witness as to the matters hereinafter stated.

2. That the real property described in said Deed referred to hereinabove is all that real property situate in the State of Nevada, County of Douglas and more particularly described as follows:

A portion of the West one-half of the Southeast quarter of the Northwest quarter of Section 34, Township 14 North, Range 20 East, M.D.B. & M., Beginning at the one-quarter corner common to Sections 33 and 34, Township 14 North, Range 20 East, M.D.B. & M., thence North 89 degrees 55'20" East 1321.70 feet; thence North 0 degrees 02'47" East 876 feet to the True Point of Beginning; thence North 0 degrees 02'47" East 141 feet; thence North 89 degrees 55'20" East 355 feet; thence South 0 degrees 02'47" West 141 feet; thence South 89 degrees 55'20" West 355 feet to the True Point of Beginning.  
GRANTING AND RESERVING an easement for road purposes along the Westerly 40 feet thereof and an easement for utility purposes along the Easterly five feet, thereof as reserved in Deed recorded October 30, 1968, in Book 63, Page 62, Document No. 42779, Official Records of Douglas County, State of Nevada.

3. That ROLAND P. JACKSON, was one of the Grantees named in said Deed and was the identical person named as ROLAND P. JACKSON, the decedent, in that certain death certificate, a

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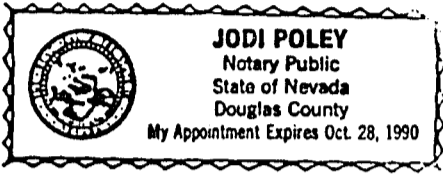
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certified copy of which is attached hereto and made a part hereof  
by this reference thereto.

*Patricia Jackson*  
PATRICIA JACKSON

SUBSCRIBED and SWORN to  
before me this *29th* day  
of *September*, 1987.

*Jodi Poley*  
NOTARY PUBLIC (SEAL)



*return to:*

*P.O. Box 1000  
Carson City, NV  
89702*

COPY

# 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

LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1		Roland Pearce JACKSON		2 September 19, 1987		3a. Carson City	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number)		INSIDE CITY LIMITS (Specify Yes or No)		If Hosp. or Inst. indicate DOA, OP/Einer. Rm. Inpatient (Specify)	
3b Carson City		3c 2990 Menlo Drive, #21		3d. yes		3e.	
RACE—(e.g. White, Black, American Indian, etc) (Specify)		ETHNIC		AGE—Last Birthday (Years)		UNDER 1 YEAR	
4a White		4b. American		5a. 74		5b. MOS : DAYS	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		DATE OF BIRTH (Mo., Day, Yr.)	
8 New York		9 U.S.A.		10 Married		6. Febr. 16, 1913	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		SEX	
13 [REDACTED]-3565		14a. Tax Consultant		14b. Self		7. Male	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
15a Nevada		15b Carson City		15c Carson City		15d. 2990 Menlo Drive, #21	
15e. yes		FATHER—NAME		MOTHER—MAIDEN NAME			
16. Roland Pearce Jackson		17. Maud Leake					
INFORMANT—NAME (Type or Print)		MAILING ADDRESS					
18a Patricia B. Jackson		18b 2990 Menlo Drive, #21, Carson City, Nevada 89701					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION		City or Town State	
19a. Cremation		19b. FitzHenry's Crematory		19c. Carson City Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		NAME AND ADDRESS OF FACILITY					
20a. <i>Ray Fitz Henry</i>		20b. 833 N. Edmonds Drive, Carson City, Nevada 89701					
21a. To the best of my knowledge, death occurred at the time, date and place stated due to the cause(s) stated.		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) <i>William Thomas</i>		(Signature and Title)					
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH					
21b Sept. 21, 1987		21c. 12:57 P.M.					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)			
21d.		22d. ON		22e. AT			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)							
23 William H. Thomas, M.D. 1000 N. Division St Carson City, NV 89703							
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a (Signature) <i>Lucas M. Hughes</i>		24b September 23, 1987		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						Interval between onset and death	
PART I (a) <i>Metastatic colon cancer</i>						1 1/2 years	
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(b)						Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(c)						Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS— Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
		26. no		27. yes			
ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c.		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.E.D. No. CITY OR TOWN STATE	
28e.		28f.		28g.			

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

VITAL RECORDS

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

By: *Lawrence Matheson* SEAL No. 71914

Date Issued: SEP 23 1987

Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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REQUESTED BY  
*Council, Susich et al*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'87 OCT -2 P4:42

SUZANNE BEAUDREAU  
RECORDER

\$ *See* PAID *M* DEPUTY

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