WHEN RECORDED MAIL TO: Helan C. Sigwart 15085 Tourmaline Drive Reno, Nevada 89511

## AFFIDAVIT TERMINATING JOINT TENANCY

HELAN C. SIGWART, wife of the deceased, does hereby swear under penalty of perjury that the assertions of this affidavit are true and deposes and says that affiant is over the age of 18 years and competent to be a witness as to the matters hereinafter stated.

- I am the wife of JAKE SIGWART, the deceased joint tenant in the property described herein.
- 2. The joint tenancy was created by a Grant, Bargin, Sale Deed, recorded as Document No. 60202, in Book No. 1112, Page 238, recorded on the 26 day of June, 1972, in the records of the office of the County Recorder of Douglas County, State of Nevada.
  - 3. The description of the property is as follows: As per attached Exhibit "A".
- 4. The deceased joint tenant's name is JAKE SIGWART, who died on May 7, 1987, at Washoe County. A certified copy of the death certificate is attached hereto as if set forth in full herein.

DATED this 25 day of February, 1988.

Relan C. Signart

HELAN C. SIGWART

SUBSCRIBED and SWORN to before me this 35th day of Johnson, 1988.

NOTARY PUBLIC



D.H. RUCKER

Notary Public - State of Nevada

Appointment Recorded in Washoe County

MY APPOINTMENT EXPIRES JUNE 7, 1990

## WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS Reno, Nevada

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

1	ROLL 63 IMAGE 468	3	CERTIFICATE OF D	EATH	/ \
	LOCAL FILE NUMBER	895			STATE FILE NUMBER
TYPE OR PRINT	DECEASED-NAME FILST	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
IN ERMANENT	, Jake		SIGWART	<sup>2</sup> May 7,1987	<b>√</b> Washoe
LACK INK	CITY, TOWN, OR LOCATION OF DEATH	HOSPITAL OR OTHER INS	TITUTION—Name (If not either, give st	reet and number) INSIDE CITY LIMITS	If Hosp or Inst indicate DOA, OP/Emer. Rm. Inpatient (Specify)
POPDENT	₃ Reno	₃ Washoe Me	edical Center	3d. Yes	oP/Emer. Rm.
ECEDENT	RACE-leig. White, Black, American   ET		AGE-Last UNDER 1 YEAR		(Mo , Day, Yr.) SEX
	40 White	American	Birthday (Years) MOS DAYS	HOURS MINS 6 Decemb	er 27,1915 <sup>7</sup> Male
<b>≢</b> CEATH	STATE OF BIRTH	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED		give marden name) INAS DECEDENT EVER IN
OCCUPACE IN	(If not USA, name country) 8 COlorado	u.s.A.	widowed, divorced (SpecifiMarried	Helen Cling	er Specify Yes of Not No
SEE HANGBOOK REGARDING	SOCIAL SECURITY NUMBER		nd of Work Done During Most of	KIND OF BUSINESS OR INDUSTRY	
COMPLETION OF PESSOENCE ITEMS		Warking Life, Even if Retired)		146 Gaming	
1	RESIDENCE - STATE COUNTY		Poker Manager		5085 INSIDE CITY LIMITS
<b>└</b> >		·		- N	Specify Yes or No)
		Vashoe 1	5c. Reno	15d. Tourmaline	e Drive 15e. No.
PARENTS	[				
	L 16 Carl	Sig	gwart 17	EVa (Street or R.F.D. No., City or Tov	Becker Becker
	INFORMANT—NAME (Typ# or Print)		MAILING ADDRESS		
	18s. Helen Sigwart			<u>line Drive Reno, Ne</u>	vada 89511
	BURIAL CREMATION, REMOVAL, OTHER	(Specify) CEMETERY O	R CREMATORY—NAME	LOCATION	City or Town State
SPOSITION	19a Cremation	196 Sie	rra Crematory	19c.	Reno Nevada
200/ Walton Funeral Home					
	21a. To the best of my knowledge, d due to the cause(s) stated.	eath occurred at the time, date a	nd place and	22a. On the basis of examination and/o at the time, date and place and du	r investigation, in my coinion death occurred to the cause(s) stated.
	ইট্র সূত্র সূত্র (Signature and Title)		d a d	(Signature and Title)	
	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH	S of the state of	DATE SIGNED (Mo. Day. Yr.)	HOUR OF DEATH
	21b	21c.	D CO CO	May 27, 1987	22c. 1822
ERTIFIER	NAME OF ATTENDING PHYSIC	IAN IF OTHER THAN CERTIFIER	Type or Print)	PRONOUNCED PEAD (\$10.00% Yr) May 7, 1987	PRONOUNCED DEAD (Hour)
	due to the cause(s) stated.    Signature and Title)				
		TIFIER IPHYSICIAN, MEDICAL EX	AMINER OR CORONER) (Type or Print		
<sup>23</sup> Vernon O. McCarty, Coroner, P.O. Box 11130 , Reno, Nevada 89520					89520
	REGISTRAR 0. IT	ccar cy, corone	DATE RECEIVED BY REG	STRAR (Mo. Day, Yr.) DEATH DUE TO	COMMUNICABLE DISEASE
CONDITIONS IF ANY	24a. (Signature)	Ca / Den	Reg. 246 May 28,	1987 24c YES	NO Г <b>Х</b>
VHICH GAVE RISE TO		LY ONE CAUSE PER LINE FOR IS		1507	• Interval between onset and death
IMMEDIATE CAUSE		76. I Ph.		/	•
TATING THE INDERLYING TAUSE LAST	PART 131 Cerebrovasc		Stroke		Interval between gaset and death
1 a	SUC TO: OH AS A CONSEGU	JEHUL OI			•
لرسا	DUE TO US AS A CONSEQU	IENCE OF			Interval between onset and death
/		ALTIGUE D.			:
AUSE OF	(c)			PART 1 (a) AUTOPSY	Specify WAS CASE REFERRED TO
DEATH A	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause git PART. II			Ya	s of Not CORONER (Specify Yes or Not
			Torcon or voice	26 NO	27. Yes
ACC. SUCIDE HOW INJURY ATO, DAY, YET HOUR OF INJURY OF INJURY OCCURRED OR PENDING INVEST					
\ \	(Specify) 28a 28b	28c.	M 28d		
\	INJURY AT WORK PLACE (Specify Yes or Not	OF INJURY—At home, farm, street building, etc. (Specify		STREET OR R F D No	CITY OR TOWN STATE
	280 281	/ /	299		
NTO C					Nº68605
					T4 • 00000

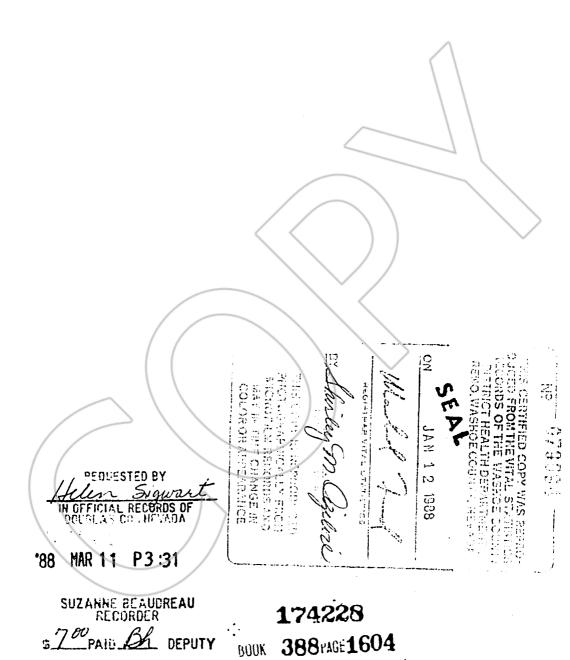
VITAL RECORDS

174228

BUUK 388 MAGE 1603

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

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT



BOOK