

AFTER RECORDING RETURN TO:

✓ Mark W. Knobel, Esq.
MORTIMER SOURWINE MOUSEL
SLOANE & KNOBEL, LTD.
P. O. Box 460
Reno, NV 89504-0460

AFFIDAVIT
TERMINATING JOINT TENANCY

WENONA M. GRAF, being first duly sworn, deposes and says:

1. I am the widow of WILBUR G. GRAF, the deceased joint tenant.

2. A description of the instrument or conveyance by which the joint tenancy was created is that certain Joint Tenancy Deed dated July 25, 1951, in which ETHEL B. RIDER AND E. H. RIDER, her husband, and VIRGINIA R. RIDER AND A. B. RIDER, her husband, were the grantors and WILBUR G. GRAF AND WENONA M. GRAF, his wife, were grantees. Said Deed was recorded in Book Z at Page 522, in the office of the County Recorder of Douglas County, Nevada, on July 31, 1951, as filing No. 8109.

3. A description of the real property is all that certain lot, piece, or parcel of land situate in Douglas County, Nevada, and more particularly described as follows:

Lot numbered forty-three (43) as the same is laid down, delineated and numbered upon a certain map entitled "AMENDED PLAT OF THE ELKS SUBDIVISION LAKE TAHOE, NEV." filed in the office of the County Recorder of said County of

Douglas, January 5, 1928.

4. The deceased, WILBUR G. GRAF, died at St. Mary's Hospital, in the City of Tucson, County of Pima, State of Arizona, on April 20, 1968.

5. A copy of the death certificate of the deceased joint tenant is attached hereto and made a part hereof.

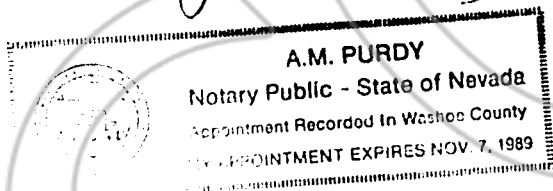
6. I hereby swear under penalty of perjury that the assertions of this Affidavit are true.

DATED: June 11, 1988.

Wenona M. Graf
WENONA M. GRAF

Subscribed and sworn to before me this 11th day of June, 1988.

A.M. Purdy
Notary Public



STATE OF ARIZONA
CERTIFICATE OF DEATH

180426

1. NAME OF DECEASED <i>George F. A. Grant</i>		2. SEX <i>Male</i>		3. RACE <i>White</i>		4. DATE OF BIRTH <i>11-20-68</i>	
5. PLACE OF BIRTH <i>New York</i>		6. CITY OF BIRTH <i>USA</i>		7. HOSPITAL OR INSTITUTION <i>St. Mary's Hospital</i>		8. IN CITY LIMITS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
9. PLACE OF DEATH <i>Nevada</i>		10. CITY OF DEATH <i>Elko</i>		11. STATE OF DEATH <i>Nevada</i>		12. ZIP CODE <i>Unk.</i>	
13. USUAL OCCUPATION <i>Ret. Parker Oil Executive</i>		14. TYPE OF BUSINESS		15. MARRIAGE STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED		16. SURVIVING SPOUSE <i>Verona M. Black</i>	
17. SOCIAL SECURITY NO. <i>5394</i>		18. DATE OF DEATH <i>4-22-68</i>		19. TIME OF DEATH <i>5 mos.</i>		20. PLACE OF RESIDENCE <i>Nevada</i>	
21. MEDICAL STATEMENT OF CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: A. IMMEDIATE CAUSE <i>Pulmonary Embolus</i> B. CONSEQUENCE OF <i>Abdominal carcinomatosis</i> C. DUE TO OR AS A <i>Carcinoma of pancreas</i>		22. ESTIMATED TIME BETWEEN ONSET AND DEATH <i>1 hr</i>		23. IF DECEASED WAS ADULT FEMALE, WAS SHE PREGNANT AT DEATH OR ANY TIME IN PAST YEAR? YES, NO, UNKNOWN.		24. SPECIFY:	
25. PART II. OTHER SIGNIFICANT CONDITIONS		26. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		27. DATE SIGNED <i>11-27-68</i>		28. SIGNATURE OF PHYSICIAN <i>W. E. Green</i>	
29. MANNER OF DEATH <input checked="" type="checkbox"/> ACCIDENT <input checked="" type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> HOMICIDE		30. DATE OF INJURY <i>4-22-68</i>		31. HOUR OF INJURY <i>2:40</i>		32. AT WORK WHEN INJURED? YES, NO, UNK.	
33. PLACE OF INJURY <i>1601 N. Tucson Blvd</i>		34. WHERE LOCATED?		35. STREET ADDRESS		36. CITY AND STATE	
37. CERTIFICATION - PHYSICIAN OR MEDICAL EXAMINER I, <i>W. E. Green</i> , M.D., do hereby certify that the deceased <i>George F. A. Grant</i> died on <i>4-22-68</i> at <i>Elko, Nevada</i> at the age of <i>20</i> years, <i>20</i> months, and <i>2</i> days.		38. CERTIFICATION - CORONER FROM EXAMINATION OF THE BODY AND/OR MY INVESTIGATION, IN MY OPINION DEATH OCCURRED IN THE MANNER AND UNDER THE CIRCUMSTANCES STATED.		39. DECEASED WAS PRONOUNCED DEAD ON <i>4-22-68</i> AT <i>Elko, Nevada</i> BY <i>another</i>		40. I (DID) (DID NOT) VIEW BODY AFTER DEATH.	
41. SIGNATURE OF PHYSICIAN <i>W. E. Green</i>		42. SIGNATURE OF CORONER <i>another</i>		43. DATE SIGNED <i>4-22-68</i>		44. MAIL ADDRESS <i>1601 N. Tucson Blvd, Tucson, Ariz.</i>	
45. SUPPLEMENTARY ENTRIES		46. DATE SIGNED <i>4-22-68</i>		47. MAIL ADDRESS <i>1601 N. Tucson Blvd, Tucson, Ariz.</i>		48. DATE SIGNED <i>4-22-68</i>	
49. POSITION OF BODY - BURIAL <i>Burial</i>		50. DATE OF DISPOSITION <i>4-24-68</i>		51. CEMETERY OR CREMATORY <i>T.M.P. South Lawn Mausoleum, Tucson, Ariz.</i>		52. STREET ADDRESS <i>3rd St., Tucson, Ariz.</i>	
53. FUNERAL HOME <i>Arizona Mortuary, Inc.</i>		54. NAME <i>W. E. Green</i>		55. STREET ADDRESS <i>3rd St., Tucson, Ariz.</i>		56. CITY AND STATE <i>Tucson, Ariz.</i>	
57. DATE REGISTERED <i>4-23-68</i>		58. REG. FILE NO. <i>1005</i>		59. REGISTRAR'S SIGNATURE <i>Madeline J. Poon</i>		60. REG. DISTRICT <i>1013</i>	
61. DATE RECEIVED IN STATE OFFICE <i>APR 24 1969</i>		62. SIGNATURE OF REGISTRAR <i>George Spendlove</i>		63. TITLE <i>Commissioner of Public Health and State Registrar</i>		64. DATE ISSUED <i>MAY 12 1969</i>	

CERTIFIED COPY OF VITAL RECORD

STATE OF ARIZONA)
COUNTY OF MARICOPA) SS Date Issued: **MAY 12 1969**

This copy is a true and exact reproduction of the document officially registered and placed on file in the DIVISION OF VITAL RECORDS, ARIZONA STATE DEPARTMENT OF HEALTH, PHOENIX, ARIZONA.

Issued under the authority of ARS 36-341 and by direction of:

Madeline J. Poon
MADLINE J. POON
Deputy State Registrar

GEORGE SPENDLOVE, M. D., M. P. H.
Commissioner of Public Health
and State Registrar

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COPY

REQUESTED BY

Mark W. Knobel

IN OFFICIAL RECORDS OF
CLAYTON COUNTY, NEVADA

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SUZANNE BEAUDREAU
RECORDER

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