When Recorded Mail To:

Mr. Gilbert A. Ralston Post Office Box 65 Genoa, Nevada 89411 A.P.N. 17-071-02

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
: ss
COUNTY OF DOUGLAS)

GILBERT A. RALSTON, being first duly sworn, deposes and says:

That he is over the age of 21 years and competent to be a witness to the matters hereinafter set forth.

That the affiant is the person named as GILBERT A. RALSTON, joint tenant, one of the two grantees on that certain Grant, Bargain, Sale Deed recorded in the Office of the County Recorder of Douglas County, State of Nevada, on the 31st day of August, 1965, in Book 34, Page 145, being document number 29321, wherein GILBERT A. RALSTON and MARY H. RALSTON, husband and wife, as joint tenants, were named as grantees to all that real property described as follows:

That certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada; more particularly described as follows:

All those certain tracts of lands located, situated and being in the NE¼ of the NE¼ of Section 9, and the NW¼ of the NW¼ of Section 10, Township 13 North, Range 19 East, M.D.B.&M., in Douglas County, State of Nevada, and more particularly described as follows, to-wit:

From the section corner common to Sections 3, 4, 9 and 10 of said Township and Range; thence E. along the north line of Section 10 a distance of 639.47 feet to a point on the westerly right of way line of the county road; thence S. 23°39'40" W. along the right of way line 1075.00 feet to the true point of beginning at the

JAMES M. O'REILLY ATTORNEY AT LAW P.O. BOX 1268 GARDNERVILLE, NV 89410 [702] 782-3647 1

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northeasterly corner of the parcel; thence S. 23°39'40" W. along said right of way line 300.00 feet to the southeasterly corner of the parcel; thence N. 66°20'20" W. 764.00 feet to the southwesterly corner of the parcel; thence N. 52°19'40" E. 341.90 feet to the northwesterly corner of the parcel; thence S. 66°20'20" E. 600 feet to the point of beginning.

That MARY H. RALSTON was one of the grantees named in said Grant, Bargain, Sale Deed and was the identical person named as MARY HART RALSTON, 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 5th day of June, 1989.

That your affiant makes this affidavit under penalty of perjury in accordance with the laws of the State of Nevada.

GIBBERT A. RALSTON

SUBSCRIBED AND SWORN to before me

this 10 day of October, 1989.

Notary Public

JOANNE E. HUBBARD

Notary Public - State of Nevada

Appointment Recorded in Douglas County

MY APPOINTMENT EXPIRES MAY 26, 1991



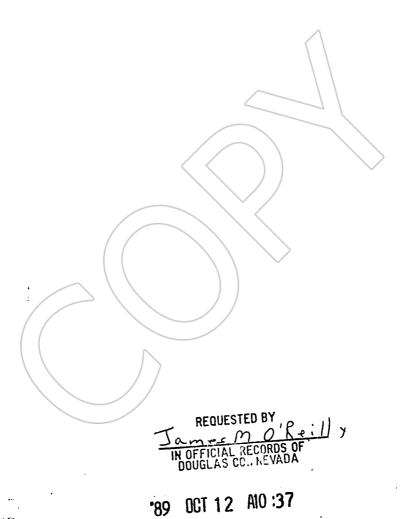
STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS



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

[-	DIVISION	OF HEALTH — SECTION OF DECENTION OF DECENTIO		\
,	LOCAL FILE NUMBER				STATE FILE NUMBER
TYPE OR PRINT	DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
PERMANENT BLACK INK	1. Mary	Hart	RALSTON	2. June 5, 1989	3a. Douglas
BLACK INK	CITY, TOWN, OR LOCATION OF DEATH		ER INSTITUTION—Name (If not either, give	Rm. Inpatient (Specify)	Female
DECEDENT	зь. Genoa		acks Valley Road Drigin? Specify yes no If yes. AGE-	30.	
CATAL		specify Mexican, Cuban, Pur	erto Rican, etc. Birthda	y (Years) MOS : DAYS HOURS : MIT	
	s. White	6.	7a. ITRY Decedent's Education. Specify his	74 76. 7c.	SURVIVING SPOUSE (If wife, give maiden name)
IF DEATH OCCURRED IN	(If not U.S.A., name country)	usa	grade completed.	(Specify) Married	, Gilbert Ralston
INSTITUTION SEE HANDBOOK	9a. Minnesota SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of	KIND OF BUSINESS OR INDUSTRY	12. OTTBELL MALDON
REGARDING COMPLETION OF RESIDENCE ITEMS	-8825	Working Life, Even if Re	rirod) Teacher	14b. College	
ACCOUNTED TO	RESIDENCE—STATE COU		CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
└> [15a. Nevada 15b.	Douglas .	15c. Genoa	15d. Jacks Valle	y Rd. 15e. No
	FATHER-NAME First	Middle	Last MOTHER—M	AIDEN NAME First	Viddle Last
PARENTS	16. William		Hart 17.	Sarah	Cashman
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS	(Street or R.F.D. No., City or Town, S	tate, Zip)
	18a. Gilbert Ralston		18b. P.O.Box 35		
(BURIAL, CREMATION, REMOVAL, OTH		ERY OR CREMATORY—NAME	/ / .	City or Town State
DISPOSITION	19a. Burial		Genoa Cemetery	19c. Geno	oa Nevada
Distrosition	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	LICENS	AL DIRECTOR NAME AND ADDRESS C	No. of the control of	One Compan City No.
,	20a. ► Wille Will — 21a. To the best of my knowledge.	20b.		uneral Home 1281 N. R	
ſ	due to the cause(s) stated.	desar accurred at the time,		at the time, date and place and due to t	he cause(s) and manner stated.
	(Signature and Title) DATE SIGNED (Mo., Day, Yr.	HOUR OF	DEATH	S (Signature and Title) > O DATE SIGNED (Mo., Day, Yr.)	OUR OF DEATH
	16. June 7:	1989 21c. 16	05	# N	2c.
CERTIFIER	NAME OF ATTENDING PHY		ATIFIER (Type or Print)	PRONOUNCED DEAD (Mo., Day, Yr.)	RONOUNCED DEAD (Hour)
1	due to the cause(s) stated. Gignature and Title) DATE SIGNED (Mo., Day, Yr. DATE SIGNED (Mo., Day, Yr. DATE OF ATTENDING PHYS DATE OF ATTENDING P	/	\ \ \ F	\)	2e. AT
1	NAME AND ADDRESS OF C	ERTIFIER (PHYSICIAN, ATT	ENDING PHYSICIAN, MEDICAL EXAMINE	R, OR CORONER). (Type or Print.) \$470	J LICENSE NUMBER
Ĺ	23a Joseph	K. Toth	M. D. 1200 N.MO	untain, Carson City, New	10da 23b. 4338
CONDITIONS	REGISTRAR			EGISTRAR (Mo., Day, Yr.) DEATH DUE TO CO	
IF ANY WHICH GAVE RISE TO	24a. (Signature)	R. K.	1240. Julie. 7	, / 7 0 7 24c. YES	Interval between onset and death
RISE TO IMMEDIATE CAUSE	25. IMMEDIATE CAUSE (ENTER C	INLY ONE CAUSE PEH LING	TON (a), (b), AND (c).)		•
STATING THE UNDERLYING CAUSE LAST	PART (a) DUE TO, OR AS A CONS	ECONUMOS	rais ares		Interval between onset and death
CAUSE DIST	In sever	1	15//		
/>	DUE TO, OR AS A CONS				Interval between onset and death
	Hans	etensis.	1		•
CAUSE OF	OTHER SIGNIFICANT CONDI	TIONS—Conditions contributu	ng to death but not resulting in the underlying	cause given in Part I. AUTOPSY (Spe Yes or	city WAS CASE REFERRED TO No) CORONER (Specify Yes or No)
DEATH	ii.	^		26. No	27. Yes
\ . \	ACC., SUICIDE, HOM., UNDET., DATE OR PENDING INVEST.	OF INJURY (Mo., Day, Yr.)	OUR OF INJURY DESCRIBE HO	W INJURY OCCURRED	
\ \	(Specify) 28a. 28b.		8c. M 28d.		CTATE
\	(Specify Yes or No)	CE OF INJURY—At home, fam building, etc.	n, street, factory, office LOCATION.	STREET OR R.F.D. No. CIT	Y OR TOWN STATE
1	28e. 28f.	//_	28g.		
1		/ /		SEAR N	o. 009160
			STATE REGISTRA	H	
£ (70,50,000 /45	This is to contifue	that the above is a	true and correct copy	120 O TG	Louis
SH SILLE		on file in this office		Jean S	
	Pata Januari	JUN 07 198	9	Donata Barlatan	
	Date Issued:			Deputy Registrar	
圖目	T				
and the	NO THE RESIDENCE OF THE PARTY O	VARNING IT IS IL	EGAL TO ALTER OR COPY	THIS DOCUMENT 0	
	- MARIE SAN 60 MAR		THE PROPERTY OF THE PARTY OF TH		
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SUZANNE BEAUDREAU
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