

AFFIDAVIT TERMINATING JOINT TENANCY

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STATE OF NEVADA )  
: ss.  
COUNTY OF DOUGLAS )

ELVIRA CENOZ, being first duly sworn, deposes and says:

That affiant is the surviving spouse and surviving joint tenant of EUSEBIO CENOZ; that affiant and the said EUSEBIO CENOZ, deceased, are grantees in joint tenancy in that certain Grant, Bargain and Sale Deed dated the 23rd day of July, 1976, and recorded on September 9, 1986, as Document No. 140633, wherein ESPERANA DUFUR ROSS, as the Guardian of the Persons and Estates of JOEY LUIS DUFUR, also known as JOSEPH LUIS DUFUR, ALBERT DUFUR and MICHAEL DUFUR, Minors, and MARIA ISABEL DUFUR are the grantors, and the said EUSEBIO CENOZ and ELVIRA CENOZ, husband and wife, were grantees, same conveying that certain real property in Douglas County, State of Nevada, and more particularly described as follows, to-wit:

See Exhibit "B" attached hereto and incorporated herein by reference.

That the said EUSEBIO CENOZ died on the 17th day of June, 1989, at Douglas County, Nevada, and is the identical person named as EUSEBIO CENOZ in that certain certified copy of Certificate of Death attached hereto as Exhibit "A"; that said certified copy of Certificate of Death is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth.

/////

/////

216162

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That all of said real property vested in affiant, ELVIRA CENOZ, as of the date of said decedent's death.

DATED this 16 day of August, 1989.

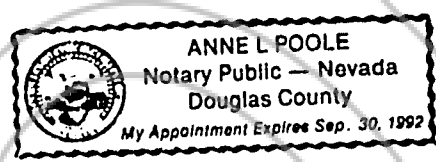
Elvira Cenoz  
ELVIRA CENOZ

SUBSCRIBED and SWORN to before me  
this 16 day of August, 1989.

A L Poole

NOTARY PUBLIC

(SEAL)



# 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

89 003940

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

LOCAL FILE NUMBER			STATE FILE NUMBER		
DECEASED—NAME First Middle Last 1. Eusebio CENOZ			DATE OF DEATH (Month, Day, Year) 2. June 17, 1989		COUNTY OF DEATH 3a. Douglas
CITY, TOWN, OR LOCATION OF DEATH 3b. Gardnerville		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Carson Valley Emer. Health Center		If Hosp. or Inst. indicate DOA, OP/Emer. Rm Inpatient (Specify) 3e. 4	SEX 4. Male
RACE—(e.g., White, Black, American Indian, etc) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6. Basque		AGE—Last Birthday (Years) 7a. 64	UNDER 1 YEAR MOS : DAYS 7b. : : UNDER 1 DAY HOURS : MINS 7c. : :
DATE OF BIRTH (Mo., Day, Yr.) 8. May 3, 1925		STATE OF BIRTH (If not U.S.A., name country) 9a. Spain		CITIZEN OF WHAT COUNTRY 9b. USA	
SOCIAL SECURITY NUMBER 13. [REDACTED] 1142		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Owner-Operator		Decedent's Education Specify highest grade completed. 10. 8	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Gardnerville	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	
FATHER—NAME First Middle Last 16. Juan Cenoz Martikorena		MOTHER—MAIDEN NAME First Middle Last 17. Jesusa Senosiain Etxenike			
INFORMANT—NAME (Type or Print) 18a. Elvira Cenoz			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. Box 566, Gardnerville, Nevada 89410		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Garden Cemetery		LOCATION City or Town State 19c. Gardnerville Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>Walter W. [Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 21	NAME AND ADDRESS OF FACILITY 20c. Walton Funeral Home 1281 N. Roop Carson City, Nv. 02		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH 21c.		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) and manner stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.)	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		22b. 6-19-89		22c. 1159	
21e.		22d. ON 6-17-89		22e. AT 1159	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Ron Vick, Deputy Coroner, P.O. Box 218, Minden, Nv. 89423					LICENSE NUMBER 23b. 191
REGISTRAR 24a. <i>Mary Howard</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. June 19, 1989		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I (a) Severe Arteriosclerotic Occlusive Coronary Artery Disease					
DUE TO, OR AS A CONSEQUENCE OF.					
(b)					
DUE TO, OR AS A CONSEQUENCE OF.					
(c)					
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. Yes	27. Yes
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d.	
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION 28g.	STREET OR R.F.D. No CITY OR TOWN STATE	

STATE REGISTRAR

No.009168

*[Signature]*  
By: Deputy Registrar

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

Date Issued: AUG 14 1989

Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

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EXHIBIT "B"

That real property situate in the County of Douglas, State of Nevada, bounded and described as follows:

COMMENCING at the 1/16 Section corner, which is the SE corner of the SW 1/4 of the SW 1/4 of Section 33, Township 13 North, Range 20 East, M.D.B.&M., proceed North 42°22'10" West, 1059.58 feet, to the TRUE POINT OF BEGINNING, which lies on the Northerly right-of-way line of Main Street (U.S. 395), and is the Southern most corner of the parcel, and is at the Western most corner of the Outdoorsman Building; proceed thence N. 44°35'11" East, 45.06 feet, to a point; thence N. 43°47'50" East, 122.94 feet to a point; thence South 45°14'27" East, 24.00 feet, to a point; thence North 44°00'30" East, 97.65 feet, to a point which lies on the Southerly boundary of Mission Street, thence North 45°18'20" West, 127.31 feet, along the Southerly boundary of Mission Street, to a point; thence South 44°06'14" West, 172.00 feet, to a point; thence North 43°03'47" West, 125.00 feet, to a point; thence South 44°06'14" West, 20.00 feet, to a point; thence South 45°20'33" West, 76.87 feet, to a point which lies on the Northerly right-of-way line of Main Street (U.S. 395); thence South 44°54' East, 230.30 feet, to the POINT OF BEGINNING.

SUBJECT TO a non-exclusive right-of-way over the alley between the Outdoorsman Building and the Gardnerville Post Office Building and leading thence to the former Imelli Estate.

APN 25-322-09

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REQUESTED BY  
Manoukian et al  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'89 DEC -7 P1:35

SUZANNE BEAUDREAU  
RECORDER 216162

\$ 8.00 PAID K/2 DEPUTY

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