

When Recorded Mail To:

Mr. William C. Hutchison
Post Office Box 1156
Gardnerville, Nevada 89410

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
 : SS
COUNTY OF DOUGLAS)

WILLIAM C. HUTCHISON, 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 WILLIAM C. HUTCHISON, joint tenant, one of the two grantees on that certain Joint Tenancy Deed recorded in the Office of the County Recorder of Douglas County, State of Nevada, on the 29th day of July, 1975, in Book 775, Page 937, being document number 81957, wherein WILLIAM C. HUTCHISON and JIMMIE M. HUTCHISON, husband and wife, as joint tenants, were named as grantees to all that real property described as follows:

Lot 24 of Gardnerville Ranchos Unit No. 1, as shown on the official plat thereof, filed in the office of the County Recorder of Douglas County, Nevada, on November 30, 1964, in Book 1 of Maps, as File No. 26665.

Assessment Parcel No. 27-742-06

That JIMMIE M. HUTCHISON was one of the grantees named in said Joint Tenancy Deed and was the identical person named as JIMMIE M. HUTCHISON, 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

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✓ James M. O'Reilly, Attorney at Law, (702) 782-3647
Post Office Box 1268, 1463 Main Street, Gardnerville, Nevada

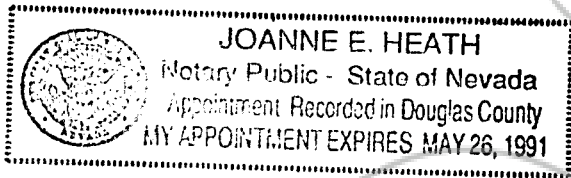
died on the 6th day of August, 1990.

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


WILLIAM C. HUTCHISON

SUBSCRIBED AND SWORN to before me
this 11 day of October, 1990.


Notary Public



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WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS
Reno, Nevada

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

ROLL 71 IMAGE 462

1499

LOCAL FILE NUMBER

STATE FILE NUMBER

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

1. DECEASED—NAME First Middle Last Jimmie M. HUTCHISON			2. DATE OF DEATH (Month, Day, Year) August 6, 1990		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Washoe Medical Center		3e. If Hosp. or Inst. indicate DOA, C/P/Emer. Rm. Inpatient (Specify) Inpatient		4. SEX Female
5. RACE —(e.g., White, Black, American Indian, etc) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7a. AGE—Last Birthday (Years) 66	7b. UNDER 1 YEAR MOS : DAYS	7c. UNDER 1 DAY HOURS : MINS
8. DATE OF BIRTH (Mo., Day, Yr.) April 21, 1924		9a. STATE OF BIRTH (If not U.S.A., name country) Louisiana		9b. CITIZEN OF WHAT COUNTRY U.S.A.	10. Decedent's Education. Specify highest grade completed. 12	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
12. SURVIVING SPOUSE (If wife, give maiden name) William C. Hutchison		13. SOCIAL SECURITY NUMBER -6000		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired) Administrative Assistant		14b. KIND OF BUSINESS OR INDUSTRY Oil Refinery
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas	15c. CITY, TOWN, OR LOCATION Gardnerville		15d. STREET AND NUMBER 939 Meadowview Rd.	15e. INSIDE CITY LIMITS (Specify Yes or No) yes
16. FATHER—NAME First Middle Last Charles Moore			17. MOTHER—MAIDEN NAME First Middle Last Lettie Fletcher			
18a. INFORMANT—NAME (Type or Print) William C. Hutchison			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 1156, Gardnerville, NV 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME FitzHenry's Crematory		19c. LOCATION City or Town State Carson City Nevada		
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER #36	20c. NAME AND ADDRESS OF FACILITY FitzHenry's Funeral Home and Crematory, 833 N. Edmonds, Carson City, NV 89701			
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) <i>[Signature]</i>			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) <i>[Signature]</i>			
21b. DATE SIGNED (Mo., Day, Yr.) August 7, 1990		21c. HOUR OF DEATH 2243		22b. DATE SIGNED (Mo., Day, Yr.)		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo., Day, Yr.)	
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Gary L. Abrass, M.D., 85 Kirman Ave., Reno, NV 89502			22e. PRONOUNCED DEAD (Hour)		22f. AT	
23a. LICENSE NUMBER 3747			23b. LICENSE NUMBER			
24a. REGISTRAR (Signature) <i>[Signature]</i> Dep.		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) August 10, 1990		24c. DEATH DUE TO COMMUNICABLE DISEASE 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) Metastatic Breast Cancer				Interval between onset and death	
PART I	(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART I	(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.			26. AUTOPSY No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo., Day, Yr.)	28c. HOUR OF INJURY	28d. DESCRIBE HOW INJURY OCCURRED			
28e. INJURY AT WORK (Specify Yes or No)	28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION.	28h. STREET OR R.F.D. No.	28i. CITY OR TOWN	
28j. STATE						

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No. 018057

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STATE REGISTRAR

EXHIBIT

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

COPY

REGISTERED
 DEPUTY RECORDER
 BY *Suzanne Beaudreau*
 REGISTERED VITAL STATISTICS
 ON **SEAD**
 AUG 17 1990
 THIS COPY IS REPRODUCED
 PHOTOGRAPHICALLY FROM
 MICROFILM RECORDS AND
 MAY IN TIME CHANGE IN
 COLOR OR APPEARANCE

COUNTY OF DOUGLAS
 CLERK OF COURTS
 1000 W. 1ST ST.
 DOUGLAS, NEVADA 89003

REQUESTED BY
James O'Reilly
 IN OFFICIAL RECORDS OF
 DOUGLAS CO., NEVADA

90 OCT 15 A9:40

SUZANNE BEAUDREAU
 RECORDER **236633**
 \$ *8.00* PAID *KD* DEPUTY
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