

1310

AFFIDAVIT TERMINATING JOINT TENANCY OF DEED OF TRUST ON DEATH OF JOINT TENANT BENEFICIARY

STATE OF NEVADA )
) ss.
COUNTY OF DOUGLAS )

SLAVA BRAUN, of legal age, being first duly sworn, deposes and says:

That FREDERICK HANS BRAUN, aka FRED BRAUN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Fred Braun, named as one of the parties in that certain Deed of Trust dated August 14, 1990, executed by Jerry Loose and Catherine Loose to Fred Braun and Slava Braun, husband and wife as joint tenants as beneficiaries, recorded as Instrument No. 232573, on August 17, 1990, in Book 890, Page 2643, of Official Records of Douglas County, State of Nevada, covering the following described property situated in the County of Douglas, State of Nevada, more fully described as:

Lot 97, as shown on the Map of Skyland No. 2, filed in the office of the County Recorder of Douglas County, State of Nevada, on July 22, 1959 in Book 1 of Maps, Document No. 14668

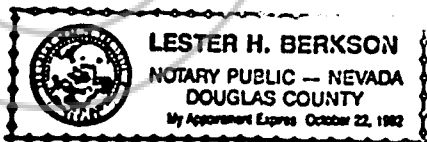
APN 05-032-23

The purpose of this Affidavit is to terminate the joint tenancy of the beneficiaries as described in said Deed of Trust.

DATED: 1-17-1991 Slava E Braun
SLAVA BRAUN

SUBSCRIBED and SWORN to before me, the undersigned, a Notary Public in and for said County and State, this 17 day of January, 1991.

[Signature of Lester H. Berkson]
NOTARY PUBLIC



When Recorded MAIL TO
L.H BERKSON
Box 349
Zephyr Cove NV 89448
Recorded AT REQUEST OF
SLAVA BRAUN

243297

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**CERTIFICATION STATEMENT**

This is to certify, that this is a true and correct copy of the vital statistics record which is on file in this office.

Curtiss E. Weidner, M.D. **SEAD**

Ardis Wise Deputy Registrar

Registrar of Vital Statistics DEC 21 1990  
El Dorado County, California Date

**CERTIFICATE OF DEATH**

STATE OF CALIFORNIA  
USE BLACK INK ONLY

3-90-09-000769

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) <b>FREDRICK</b>		1B. MIDDLE <b>HANS</b>	1C. LAST (FAMILY) <b>BRAUN</b>
2A. DATE OF DEATH—MO. DAY, YR <b>DEC. 12, 1990</b>		2B. HOUR <b>0130</b>	3. SEX <b>M</b>
4. RACE <b>White</b>		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. DATE OF BIRTH—MO. DAY, YR <b>MAY 26, 1920</b>
7. AGE IN YEARS <b>70</b>		IF UNDER 1 YEAR MONTHS _____ DAYS _____	IF UNDER 24 HOURS HOURS _____ MINUTES _____
8. STATE OF BIRTH <b>Germany</b>	9. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	10A. FULL NAME OF FATHER <b>Fredrick Braun</b>	10B. STATE OF BIRTH <b>Germany</b>
11A. FULL MAIDEN NAME OF MOTHER <b>Berta Van Lindhorst</b>		11B. STATE OF BIRTH <b>Germany</b>	
12. MILITARY SERVICE? 19 <b>43</b> TO 19 <b>45</b> <input type="checkbox"/> NONE		13. SOCIAL SECURITY NO. <b>9633</b>	14. MARITAL STATUS <b>Married</b>
15. NAME OF SURVIVING SPOUSE OR WIFE, ENTER MAIDEN NAME <b>Slava Bauer</b>			
16A. USUAL OCCUPATION <b>Engineer</b>		16B. USUAL KIND OF BUSINESS OR INDUSTRY <b>Engineering</b>	16C. USUAL EMPLOYER <b>Self-Employed</b>
16D. YEARS IN OCCUPATION <b>20</b>		17. EDUCATION—YEARS COMPLETED <b>16</b>	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION <b>104 Ponderosa</b>		18B. CITY <b>Zephyr Cove</b>	18C. ZIP CODE <b>89448</b>
18D. COUNTY <b>Douglas</b>		18E. NUMBER OF YEARS IN THIS COUNTY <b>13</b>	18F. STATE OR FOREIGN COUNTRY <b>Nevada</b>
20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Slava Braun - Wife P.O. Box 1474 Zephyr Cove, Nevada 89448</b>			
19A. PLACE OF DEATH <b>Barton Mem. Hospital</b>		19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA <b>IP</b>	19C. COUNTY <b>El Dorado</b>
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>4th and South Ave.</b>		19E. CITY <b>So. Lake Tahoe</b>	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) <b>CArcINOMA of the Prostate with Metastasis</b> ▶ <b>3yrs</b>		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (B) ▶		23. WAS BOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DUE TO (C) ▶		24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO	
26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.			
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER <i>Randall M. Goethals</i>	27C. CERTIFIER'S LICENSE NUMBER <b>G-29134</b>
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR <b>10/10/85</b>		27D. DATE SIGNED <b>12/12/90</b>	
DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR <b>12/11/90</b>		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS <b>Randall M. Goethals, MD, Box 7715, So. Lake Tahoe, CA.</b>	
27F. LICENSE NO. <b>95731</b>			
I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER ▶	
28B. DATE SIGNED			
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined		30A. PLACE OF INJURY	30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO
30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)		33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
34A. DISPOSITION(S) <b>CR/BU</b>		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS <b>Happy Homestead Cemetery So. Lake Tahoe, CA.</b>	34C. DATE MO. DAY, YEAR <b>12-14-90</b>
34D. SIGNATURE OF EMBALMER <b>Not Embalmed</b>		35B. LICENSE NUMBER -----	
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>McFarlane Mortuary</b>		36B. LICENSE NO. <b>F-1180</b>	37. SIGNATURE OF LOCAL REGISTRAR <i>Curtiss E. Weidner</i>
37A. REGISTRATION DATE <b>12-12-90, M. Mc</b>			
A. STATE REGISTRAR		B. BOOK <b>191</b>	
C.		C. PAGE <b>2484</b>	
D.		D. CENSUS TRAC <b>243297</b>	
E.			

REQUESTED BY  
**PACIFIC TITLE, INC.**

IN OFFICIAL RECORDS OF  
DOUGLAS COUNTY, ARIZONA

'91 JAN 22 A10:19

SUZANNE W. BUREAU  
RECORDER

243297

\$ 7<sup>00</sup> PAID K12 DEPUTY

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