

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA     )  
                                  ) ss.  
CARSON CITY         )

DOROTHEA B. PORTER, being first duly sworn, deposes and says:

1. Affiant is over the age of 18, and competent to be a witness as to the matters hereinafter stated.
2. On October 6, 1972, a deed was executed in favor of Donald E. Porter and Dorothea B. Porter, husband and wife, as joint tenants. Such deed was recorded on October 27, 1972, in Book 1072, Page 627, Official Records of Douglas County, Nevada.
3. On September 26, 1989, one of the joint tenants died, being one of the joint tenants in the above deed, and was the identical person named as Donald Edwin Porter, Jr., in that certain death certificate, a certified copy of which is attached hereto and made a part hereof.
4. Affiant was related to the deceased as follows: wife.
5. The real estate that is the subject matter of the above deed is located in Douglas County, Nevada, and is more particularly described as follows:

Lot No. 32 of Amended Map of Topaz Lodge Subdivision, first and second sections, as the same appears upon a plat of said subdivision duly filed in the Office of the County Recorder, Douglas County, Nevada, on September 16, 1958, under file No. 13594. APN: 39-151-02

Dated this 11th day of February, 1991.

Dorothea B. Porter  
DOROTHEA B. PORTER

SUBSCRIBED AND SWORN TO before me

this 11th day of February, 1991.

Dana Von Stetina  
NOTARY PUBLIC

Sheerin, Walsh  
& Keele  
Attorneys At Law  
Carson City and  
Gardnerville, Nevada



244651

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**CERTIFICATE OF DEATH**  
STATE OF CALIFORNIA  
USE BLACK INK ONLY

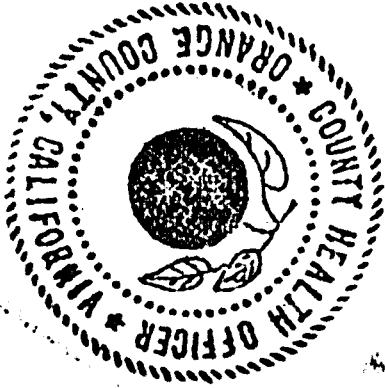
3-89-30-010492

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER						
1A. NAME OF DECEDENT—FIRST (GIVEN) <b>DONALD</b>		1B. MIDDLE <b>EDWIN</b>		1C. LAST (FAMILY) <b>PORTER, JR.</b>		2A. DATE OF DEATH—MO. DAY, YR. <b>SEPTEMBER 26 1989</b>		2B. HOUR <b>2000</b>	3. SEX <b>MALE</b>
4. RACE <b>WHITE</b>		5. SPANISH/HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO. DAY, YR. <b>APRIL 25, 1937</b>		7. AGE IN YEARS <b>52</b>	IF UNDER 1 YEAR MONTHS   DAYS	IF UNDER 24 HOURS HOURS   MINUTES	
8. STATE OF BIRTH <b>CA</b>	9. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	10A. FULL NAME OF FATHER <b>DONALD EDWIN PORTER, SR. IL</b>			10B. STATE OF BIRTH <b>IL</b>	11A. FULL MAIDEN NAME OF MOTHER <b>MARTHA MONCRIEF</b>		11B. STATE OF BIRTH <b>CA.</b>	
12. MILITARY SERVICE? <b>19 55 TO 19 57 NONE</b>		13. SOCIAL SECURITY NO. <b>-7926</b>		14. MARITAL STATUS <b>MARRIED</b>		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) <b>DOROTHEA KRAUSE</b>			
16A. USUAL OCCUPATION <b>PIPEFITTER &amp; STEAMFITTER</b>		16B. USUAL KIND OF BUSINESS OR INDUSTRY <b>PIPEFITTING</b>		16C. USUAL EMPLOYER <b>LOCAL #250</b>		16D. YEARS IN OCCUPATION <b>25</b>	17. EDUCATION—YEARS COMPLETED <b>12</b>		
18A. RESIDENCE—STREET AND NUMBER OR LOCATION <b>8252 LANCASTER</b>						18B. CITY <b>HUNTINGTON BEACH</b>		18C. ZIP CODE <b>92647</b>	
18D. COUNTY <b>ORANGE</b>		18E. NUMBER OF YEARS IN THIS COUNTY <b>15</b>		18F. STATE OR FOREIGN COUNTRY <b>CALIFORNIA</b>		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>DOROTHEA B. PORTER - WIFE 8252 LANCASTER HUNTINGTON BEACH, CA. 92647</b>			
19A. PLACE OF DEATH <b>FOUNTAIN VALLEY REGIONAL HOSPITAL</b>		19B. IF HOSPITAL SPECIFY ONE: IP, ER/OP, DOA <b>IP</b>	19C. COUNTY <b>ORANGE</b>						
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>17100 EUCLID AVENUE</b>				19E. CITY <b>FOUNTAIN VALLEY</b>		TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) <b>LIVER FAILURE</b> ▶ <b>23 DAYS</b>						23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (B) <b>CIRRHOSIS</b> ▶ <b>UNK</b>						24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
DUE TO (C)						24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO			
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 <b>RENAL FAILURE</b>					26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. <b>LAPAROTOMY 8-24-89</b>				
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 PHYSICIAN <i>Albert K. Devereaux, M.D.</i>		27C. PHYSICIAN'S LICENSE NUMBER <b>A27575</b>		27D. DATE SIGNED <b>09/28/89</b>		
27A. DECEDENT ATTENDED SINCE: MONTH, DAY, YEAR <b>07/29/81</b>		DECEDENT LAST SEEN ALIVE: MONTH, DAY, YEAR <b>09/26/89</b>		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS <b>ALBERT K. DEVEREAUX, M.D. 11100 WARNER AVE STE 300 FOUNTAIN VALLEY CA 92708</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/SEA</b>	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS <b>3 MILES OFF SHORELINE LONG BEACH, CA.</b>				34C. DATE MO. DAY, YEAR <b>SEPT. 29, 1989</b>	35A. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>		35B. LICENSE NUMBER	
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>AMERICAN FAMILY SOCIETY</b>			36B. LICENSE NO. <b>#F1407</b>	37. SIGNATURE OF LOCAL REGISTRAR <i>J. P. Edging, M.D.</i>		REGISTRATION DATE <b>SEP 28 1989</b>			
A.	B.	C.	D.	E.	F.	BOOK <b>291</b> PAGE <b>1104</b>		CENSUS TRACT <b>244651</b>	

89) MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS

THIS IS TO CERTIFY, IF IMPRESSED WITH THE SEAL OF THE ORANGE COUNTY HEALTH OFFICER, THAT THIS IS A TRUE COPY OF THE PERMANENT RECORD FILED IN THIS OFFICE.

Fee: \$7.00  No Fee Veterans Purposes   
 Date: **09/11/89**  
 Health Officer and Local Registrar of Births and Deaths of Orange County  
*J. P. Edging, M.D.*  
 L. Rex Edging, M.D.



REQUESTED BY  
Donald Foster  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

91 FEB 11 P4:41

SUZANNE BEAUDREAU  
RECORDER

244651

\$ 7.00 PAID KD DEPUTY

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