

8'
When Recorded Mail To:

Mrs. LaVerne E. Detrick
1401 Topaz Ranch Drive
Wellington, Nevada 89444

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
 : ss
COUNTY OF DOUGLAS)

LAVERNE E. DETRICK, being first duly sworn, deposes and says:

That she 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 LAVERNE E. DETRICK, joint tenant, one of the two grantees on that certain Deed recorded in the Office of the County Recorder of Douglas County, State of Nevada, on the 15th day of July, 1988, in Book 788, Page 1964, being document number 182227, wherein LAVERNE E. DETRICK and CHARLES L. DETRICK, husband and wife, as joint tenants, were named as grantees to all that real property described as follows:

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Lot 12, Block O, as shown on the map of TOPAZ RANCH ESTATES, UNIT NO. 4, filed in the office of the County Recorder of Douglas County, Nevada.

Assessment Parcel No. 37-421-04

That CHARLES L. DETRICK was one of the grantees named in said Deed and was the identical person named as CHARLES LEWIS DETRICK, 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.

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That your affiant is the surviving spouse of said decedent and that said decedent died on the 24th day of March, 1991.

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

Laverne E Detrick
LAVERNE E. DETRICK

SUBSCRIBED AND SWORN to before me

this 23 day of May, 1991.

J. Heath
Notary Public



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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER	
	1		Charles Lewis DETRICK Sr.		2 March 24, 1991	3a Carson City	
	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number)		If Hosp or inst. indicate DOA, OP, Emer, Rm, Inpatient (Specify)	SEX	
DECEDENT	3b Carson City		3c Carson-Tahoe Hospital		3e Inpatient		4 Male
	RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> if yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS
	5 White		6		7a 75	7b	7c
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (if not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
	9a Idaho		9b USA		10 12		11 Married
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		
13		14a Mechanical Engineer		14b Peterson Manufacturing			
13a 8602		14a		14b			
RESIDENCE—STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER	
15a Nevada		15b Douglas		15c Wellington		15d 1401 Topaz Ranch Dr.	
INSIDE CITY LIMITS (Specify Yes or No)		15e		15f		15g No	
PARENTS	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last				
	16 Willard Detrick		17 Beatrice Langley				
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS—Street or R.F.D. No., City or Town, State, Zip				
18a LaVerne Detrick		18b 1401 Topaz Ranch Drive Wellington, Nevada 89444					
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State		
	19a Cremation		19b Sierra Crematory		19c Reno Nevada		
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY		
20a		20b		20c Walton's Chapel of the Valley 1281 N. Roop St. Carson City, Nevada 89706			
CERTIFIER	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)		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.		
	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		(Signature and Title)		DATE SIGNED (Mo., Day, Yr.)
	21b 3-25-91		21c 0645		22b		22c
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. ON		22e. AT		
	21d		22d		22e		
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		23a William D. O'Shaughnessy MD, 911 Mountain St., Carson City Nv.		LICENSE NUMBER		23b 2838
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STARTING THE UNDERLYING CAUSE LAST	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE		
	24a (Signature)		24b March 25, 1991		24c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						
CAUSE OF DEATH	PART 1 (a) Cardio pulmonary arrest		DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death		
	(b) Aspiration pneumonia / hypoxia		DUE TO, OR AS A CONSEQUENCE OF		Minutes		
	(c) Alcoholic withdrawal seizure		DUE TO, OR AS A CONSEQUENCE OF		Days		
PART 2 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
25 Chronic alcoholism		26 No		27 No			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a		28b		28c		28d	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE	
28e		28f		28g			

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STATE REGISTRAR

No. 025152

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EXHIBIT A

SEAL

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

By:

Date Issued:

MAR 25 1991

Deputy Registrar

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

COPY

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

'91 JUN 18 P2:25

SUZANNE BLAUGREAU
RECORDER
\$ 8.00 PAID KD DEPUTY
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