

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
 : SS.
CARSON CITY)

IRA E. GUNN, being first duly sworn, deposes and states:

1. Affiant is over the age of 18, and competent to be a witness as to the matters hereinafter stated.

2. On February 28, 1990, a deed of trust was executed in favor of IRA E. GUNN and GLORIA D. GUNN, husband and wife as joint tenants with right of survivorship. Such deed of trust was recorded on February 28, 1990, Official Records of Douglas County, Nevada, as Document No. 220991, and described land therein as follows:

The East 1/2 of the Northeast 1/4 of the Northeast 1/4 of the Southeast 1/4 of Section 28, Township 14 North, Range 20 East, M.D.B.&M.,

PARCEL 2:

Subject to and together with reserved rights of way for roadway and public utility purposes. A strip of land 30 feet in width along the South side and a strip of land 25 feet in width along the North side.

3. On September 2, 1992, one of the joint tenants died, being one of the joint tenants in the above deed of trust, and was the identical person named as GLORIA DAY GUNN, in that certain death certificate, a certified copy of which is attached hereto and made a part hereof.

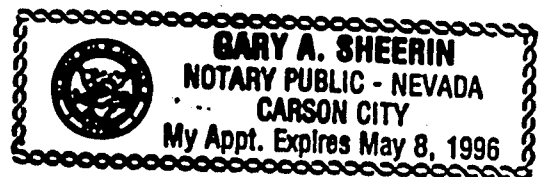
4. Affiant was related to the deceased as husband.

Dated this 22 day of Sept, 1992.

IRA E. GUNN
IRA E. GUNN

SUBSCRIBED AND SWORN TO before me
this 22 day of Sept, 1992.

Gary A. Sheerin
Notary Public



WHEN RECORDED MAIL TO:

Gary A. Sheerin, Esq.
177 W. Proctor Street
Carson City, NV 89703

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

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last 1. Gloria Day GUNN		DATE OF DEATH (Month, Day, Year) 2. September 2, 1992	COUNTY OF DEATH 3a. Carson City
CITY, TOWN, OR LOCATION OF DEATH 3b. Carson City		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) 3c. Carson-Tahoe Hospital	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3d. Inpatient
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No if yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 70
STATE OF BIRTH (If not U.S.A., name country) 9a. California		CITIZEN OF WHAT COUNTRY 9b. USA	Decedent's Education. Specify highest grade completed. 10. 16
SOCIAL SECURITY NUMBER 13. 2014		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Homemaker	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Carson City	CITY, TOWN, OR LOCATION 15c. Carson City
FATHER—NAME First Middle Last 16. Richard B. Day		MOTHER—MAIDEN NAME First Middle Last 17. Ruth Packham	
INFORMANT—NAME (Type or Print) 18a. Deborah Bunch		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 815 Ruby Lane, Carson City, Nevada 89706	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Hillcrest Cemetery	LOCATION City or Town State 19c. Smith Valley Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>Willi Wolfe</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. Z1	NAME AND ADDRESS OF FACILITY 20c. Walton's Chapel of the Valley 1281 N. Roop Street, Carson City, Nevada 89706
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>Rex T. Baggett MD</i> DATE SIGNED (Mo., Day, Yr.) 9-2-92 21b. 9-2-92 HOUR OF DEATH 21c. 0710 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. Rex T. Baggett MD, 710 W. Washington St., Carson City, Nv.		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>J. A. Lawrence</i> DATE SIGNED (Mo., Day, Yr.) 22b. September 3, 1992 HOUR OF DEATH 22c. 0710 PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON 22e. AT LICENSE NUMBER 23b. 2395	
REGISTRAR 24a. (Signature) <i>Lee W. Douglas</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. September 3, 1992	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) Mitostatic adenocarcinoma from lung DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____		Interval between onset and death Interval between onset and death 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.		AUTOPSY (Specify Yes or No) 26. No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.
INJURY AT WORK (Specify Yes or No) 29a.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 29b.	LOCATION 29c.	STREET OR R.F.D. No. CITY OR TOWN STATE 29d.

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

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

Date Issued: **SEP 03 1992**

No. **040517**
J. A. Lawrence
SEAL
Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

COPY

REQUESTED BY
Sharon White Keel
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

92 SEP 24 P1:43

SUZANNE BEAUDREAU
RECORDER
289113
\$7.00 PAID *OK* DEPUTY
BOOK 992 PAGE 4254