

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

ROSE C. LEE, a widow, of legal age, being first duly sworn, deposes and says:

That MICHELE L. GEER, the decedent mentioned in that attached certified copy of Certificate of Death, is the same person as MICHELE LEE GEER named as one of the parties in that certain Deed of Gift dated July 6, 1970 executed by ROSE C. LEE, a widow, to ROSE C. LEE and MICHELE LEE GEER as joint tenants, recorded is Instrument No. 49502 on September 17, 1970 in Book 79, Page 335 and 336, of Official Records of Douglas County, State of Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

Lots 1 and 2 in Block 6 of CAVE ROCK VILLAGE SUBDIVISION, DOUGLAS COUNTY, STATE OF NEVADA according to the official map thereof, filed in the office of the County Recorder of Douglas County, October 5, 1953; together with a right of way over all streets and roadways, as set forth in recorded plat of said subdivision.

DATED: November 2, 1992

Rose C. Lee
ROSE C. LEE

HPN 05-360-12.

SUBSCRIBED and SWORN to before me, the undersigned, a Notary Public in and for said County and State, this 2nd day of November, 1992.

Sandra L. Elges
NOTARY PUBLIC

FOR RECORDER'S USE



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

ROLL 70 IMAGE 476
579

90 002382

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER DECEASED—NAME First Middle Last 1 Michele L. GEER			DATE OF DEATH (Month, Day, Year) 2 March 17, 1990		STATE FILE NUMBER COUNTY OF DEATH 3a Washoe		
	CITY, TOWN, OR LOCATION OF DEATH 3b Reno		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c Washoe Medical Center		If Hosp. or Inst. indicate DOA, CP, Emer. Rm. Inpatient (Specify) 3e Inpatient /		SEX 4 Female	
DECEDENT	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 46		UNDER 1 YEAR WOS : DAYS 7b	
	DATE OF BIRTH (Mo., Day, Yr.) 8 Aug. 29, 1943		CITIZEN OF WHAT COUNTRY 9a Nevada		Decedent's Education Specify highest grade completed 10 12		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11 Married	
IF DEATH OCCURRED IN INSTITUTION SEE INSTRUCTIONS REGARDING COMPLETION OF RESIDENCE ITEMS	SOCIAL SECURITY NUMBER 13. [REDACTED] 3269		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a Executive Secretary		KIND OF BUSINESS OR INDUSTRY 14b Gaming Commission			
	RESIDENCE—STATE 15a Nevada		COUNTY 15b Douglas		CITY, TOWN, OR LOCATION 15c Cave Rock		STREET AND NUMBER 15d 214 Bedell St.	
PARENTS	FATHER—NAME First Middle Last 16 Ernest M. Lee			MOTHER—MAIDEN NAME First Middle Last 17 Rose C. Canoica				
	INFORMANT—NAME (Type or Print) 18a Rose N. Lee			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b P.O. Box 215, Glenbrook, Nevada 89413				
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Cremation		CEMETERY OR CREMATORY—NAME 19b FitzHenry's Crematory		LOCATION City or Town State 19c Carson City Nevada			
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting in Such) 20a <i>Ray Fitz Henry</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b #36		NAME AND ADDRESS OF FACILITY 20c FitzHenry's Funeral Home and C/ Crematory, P.O. Box 1775, Carson City, NV 89702			
CERTIFIER	21a To the best of my knowledge, death occurred at the time, date and place as stated. (Signature and Title) <i>James W. Forsythe, M.D.</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>James W. Forsythe, M.D.</i>				
	DATE SIGNED (Mo., Day, Yr.) 21b March 20, 1990		HOUR OF DEATH 21c 1020		DATE SIGNED (Mo., Day, Yr.) 22b		HOUR OF DEATH 22c	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d			22d ON <input type="checkbox"/> 22e AT <input type="checkbox"/>				
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23a James W. Forsythe, M. D., 75 Pringle Way, Reno, NV. 89502			LICENSE NUMBER 23b 2864				
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	REGISTRAR 24a <i>Russell Shaw Dep</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b March 20, 1990		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 1 (a) <i>Pulmonary Embolus</i>		DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death <i>5 minutes</i>			
	PART 1 (b) <i>Metastatic Squamous Cell Carcinoma</i>		DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death <i>3 years</i>			
CAUSE OF DEATH	PART 1 (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1				AUTOPSY (Specify Yes or No) 26 no		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27 no	
	AGE, SLICE FROM 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) 28e		PLACE OF INJURY—At home, farm, street, factory, office, business, etc. (Specify) 28f		LOCATION 28g		STREET OR R.F.D. No. CITY OR TOWN STATE	

SEAL

No. 014600
BIRTH CERT #43-2023

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

Date Issued:

JAN 10 1992

By: *Ja A. Louma*
Deputy Registrar

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

COPY

REQUESTED BY
PACIFIC TITLE, INC.
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

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SUZANNE BEAUDREAU
RECORDER
\$ 7.00 PAID K2 DEPUTY
BOOK **1192** PAGE **1007** **292561**