

9-

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
) ss.
DOUGLAS COUNTY)

RAYMOND BRENNER, having first been duly sworn, deposes and says that he is over the age of twenty-one (21) years and is competent to testify to the matters hereinafter stated.

1. Your affiant is the husband of REBECCA G. BRENNER, Deceased.
2. Your Affiant is the son of HELEN SCHAIBLE, Deceased.
3. Your Affiant is the person named as one of the Grantees in that certain deed recorded in the Office of the County Recorder of Douglas County, State of Nevada on March 6, 1992 in Book 392, Page 886 as Document No. 272714.
4. The real property subject to joint tenancy with right of survivorship is located in Douglas County, State of Nevada and is more particularly described as follows:

Lot 979 of GARDNERVILLE RANCHOS UNIT NO. 7, as shown on the Official Map thereof filed in the Office of the County Recorder of Douglas County, State of Nevada on March 27, 1974 in Book 374, Page 676 as Document No. 72456.

APN: 29-424-03

5. REBECCA G. BRENNER died on March 12, 1992 in Carson City, Nevada. A true copy of the Certificate of Death is attached hereto and made a part hereof.
6. HELEN SCHAIBLE died on July 28, 1992 in Philadelphia, Pennsylvania. A true copy of the Certificate of Death is attached hereto and made a part hereof.
7. Your Affiant swears under the penalty of perjury that the statements contained in this affidavit are true.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

DATED THIS 30 day of October, 1992.

Raymond Brenner
RAYMOND BRENNER

SUBSCRIBED AND SWORN
before me this 30
day of October, 1992.

Herman G. Herbig
NOTARY PUBLIC



RECORDED AT THE REQUEST OF:
HERMAN G. HERBIG, ESQ.

WHEN RECORDED, MAIL TO:
✓ TERZICH, HERBIG & JACKSON, LTD.
P. O. BOX 1210
GARDNERVILLE, NEVADA 89410

COPY

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			STATE FILE NUMBER		
	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		
DECEDENT	1. Rebecca G. BRENNER			2. March 12, 1992		
	CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number)		
	3b. Carson City			3c. Carson-Tahoe Hospital		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American Indian, etc) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes, <input checked="" type="checkbox"/> no if yes.		AGE—Last Birthday (Years)	
	5. White		6.		7a. 63	
	STATE OF BIRTH (if not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.	
PARENTS	9a. Pennsylvania		9b. USA		10. 14	
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
	13. 2843		14a. Homemaker		14b. Own Home	
DISPOSITION	RESIDENCE—STATE		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
	15a. Nevada		15b. Douglas		15c. Gardnerville	
	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		15d. 1463 Mary Joe Drive	
CERTIFIER	16. Daniel J. Gordon			17. Rebecca A. McBeth		
	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
	18a. Raymond Brenner			18b. 1463 Mary Joe Drive, Gardnerville, Nevada 89410		
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
	19a. Burial		19b. Eastside Memorial Park		19c. Minden Nevada	
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	20a. <i>Walter Witt</i>		20b. 21		20c. 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.		21b. March 12, 1992		21c. 1805	
	(Signature and Title)		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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.		22b. PRONOUNCED DEAD (Mo., Day, Yr.)	
	21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		22c. PRONOUNCED DEAD (Hour)		22d. ON	
	23a. Craig Gudmundsen MD. 1190 High School St. Gardnerville, Nv.		22e. AT		22f. No	
CAUSE OF DEATH	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
	24a. <i>Jack M. Tralinger</i>		24b. March 16, 1992		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE—(a), (b), AND (c))		PART I (a) PNEUMONIA		Interval between onset and death: DAYS	
CAUSE OF DEATH	PART I (b) CARCINOMA OF THE LUNG		PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		Interval between onset and death: MONTHS	
	25a. INJURY AT WORK (Specify Yes or No)		25b. DATE OF INJURY (Mo., Day, Yr.)		25c. HOUR OF INJURY	
	25d. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		25e. LOCATION		25f. STREET OR R.F.D. No.	
CAUSE OF DEATH	25g. INJURY AT WORK (Specify Yes or No)		25h. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		25i. LOCATION	
	25j. INJURY AT WORK (Specify Yes or No)		25k. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		25l. LOCATION	
	25m. INJURY AT WORK (Specify Yes or No)		25n. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		25o. LOCATION	

STATE REGISTRAR

Debra Q. Loren No. 020377

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

Date Issued: MAR 16 1992

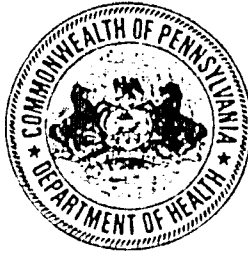
Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

This is to certify that the information here given is correctly copied from an original certificate of death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Fee for this certificate, \$2.00



Holly J. Lucia
Local Registrar

1476027

No.

JUL 29 1992

Date

200000

H105 143 Rev 2/87

COMMONWEALTH OF PENNSYLVANIA - DEPARTMENT OF HEALTH - VITAL RECORDS
CERTIFICATE OF DEATH

TYPE/PRINT
IN
PERMANENT
BLACK INK

1. NAME OF DECEDENT (First Middle Last) Helen Schauble		2. SEX F	3. SOCIAL SECURITY NUMBER -6024	4. DATE OF DEATH (Month, Day, Year) 7-28-92
5. AGE (at last birthday) 84 Yrs	6. UNDER 1 YEAR Months: 11 Days: 22	7. UNDER 1 DAY Hours: 07 Minutes: 00	8. DATE OF BIRTH (Month, Day, Year) 11-22-07	9. BIRTH PLACE (City and State (Foreign, Country)) Phila Pa
10. PLACE OF DEATH (Home, Hosp, etc. - See instructions on other side) HOSPITAL: JEANES HOSPITAL		11. OTHER: <input type="checkbox"/> Farming Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		
12. COUNTY OF DEATH PHILA		13. CITY, BORO, TWP OF DEATH PHILA		14. FACILITY NAME (If not a church, give street and number) JEANES HOSPITAL
15. DECEDENT'S USUAL OCCUPATION (Give kind of work or the chief kind of working life, do not use retired) House Person		16. KIND OF BUSINESS/INDUSTRY Home		17. HAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18. DECEDENT'S MARITAL ADDRESS (Care, City/Town, State, Zip Code) 6500 Taber Rd. Phila. Pa. 19111		19. DECEDENT'S ACTUAL RESIDENCE (See instructions on other side) Phila Pa		20. MARITAL STATUS: Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced (Specify)
21. FATHER'S NAME (First Middle Last) Lewis Wentz		22. MOTHER'S NAME (First Middle Surname) Clara Nerry		
23. DECEASED'S NAME (Type and Print) Frank Wizeck		24. DECEASED'S MARITAL ADDRESS (Care, City/Town, State, Zip Code) 566 E. Heather Rd Orchard Pa 19075		
25. METHOD OF DISPOSITION Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		26. DATE OF DISPOSITION (Month, Day, Year) 7-30-92		27. PLACE OF DISPOSITION - Name of Cemetery, Crematory or Other Place St. Mary's Cemetery, Phila Pa 19116
28. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH George Jatt Rose		29. LICENSE NUMBER 8061 L		30. NAME AND ADDRESS OF FACILITY Resurrection Home 2616 Bridge St Phila Pa 19137
31. COMPLETE SAME 23a-c only when certifying physician is not available at time of death to certify cause of death		32. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE STATED (Signature and Title) Helen Schauble, M.D.		33. LICENSE NUMBER 034444 L
34. NAME 24-28 must be completed by person who pronounces death		35. TIME OF DEATH 3:55 A M		36. DATE PRONOUNCED DEAD (Month, Day, Year) 7-28-92
37. PART I: Enter the diseases, injuries or complications which caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. Metabolic center		38. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		39. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
40. IMMEDIATE CAUSE (Final cause or condition resulting in death) Metabolic center		41. DUE TO (R) AS A CONSEQUENCE OF (R)		
42. INTERMEDIATE CAUSE (If any, leading to immediate cause. Enter UNDERLYING CAUSE (Final cause or condition resulting in death) LAST)		43. DUE TO (R) AS A CONSEQUENCE OF (R)		
44. DUE TO (R) AS A CONSEQUENCE OF (R)		45. DUE TO (R) AS A CONSEQUENCE OF (R)		
46. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	47. WERE THE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	48. MANNER OF DEATH Natural <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/>		49. DATE OF INJURY (Month, Day, Year)
50. TIME OF INJURY		51. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		52. DESCRIBE HOW INJURY OCCURRED
53. PLACE OF INJURY - At home, farm, street, factory, office (Including etc. Specify)		54. LOCATION (Care, City/Town, State, Zip Code)		
55. CERTIFYING PHYSICIAN (Type and Print) Helen Schauble		56. SIGNATURE AND TITLE OF REGISTRAR Holly Lucia		
57. CERTIFYING PHYSICIAN (Type and Print) Helen Schauble		58. LICENSE NUMBER MD 123735		
59. DATE SIGNED (Month, Day, Year) 7/28/92		60. NAME AND ADDRESS OF PHYSICIAN WHO COMPLETED CAUSE OF DEATH (Type and Print) Phila Pa 19102		
61. MEDICAL EXAMINER/CORONER (Type and Print) Helen Schauble		62. DATE FILED (Month, Day, Year) July 29, 1992		
63. REGISTRAR'S SIGNATURE AND NUMBER Holly Lucia 091566		64. DATE FILED (Month, Day, Year) July 29, 1992		

ALWAYS USED
NAME OF DECEDENT: HELEN SCHAUBLE

COPY

REQUESTED BY
Kerich, Kerbig & Jackson
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA *Ltd.*

92 DEC 14 AM 1:19

SUZANNE BEAUDREAU
RECORDER

295245

BOOK 1292 PAGE 2142

\$ 9.00 PAID Bh DEPUTY