

✓ When Recorded Return to:
J. Thomas Susich, Esq.
P.O. Box 1000
Carson City, Nevada 89702

APN 5-342-07

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
 :
DOUGLAS COUNTY)

RHODA SHIFFERT being first duly sworn, deposes and says
as follows:

1. That your affiant is over the age of twenty-one
(21) years of age and competent to be a witness as to the matters
hereinafter stated.

2. That the real property described herein is real
property situate in the State of Nevada, County of Douglas and
more particularly described as follows:

Lot 37, Block B. as shown on the map of Round Hill
Village Unit No. 4, filed in the office of the
County Recorder, Douglas County, April 25, 1966.
APN 5-342-07

3. That DUANE SHIFFERT was one of the Grantees named
in a Deed Recorded in the office of the Recorder of Douglas
County, Nevada, as Document Number 48476 and 48477 at Book 76
Pages 674 through 675 on the 19th day of June 1970 and was the
identical person named as DUANE SHIFFERT, the decedent, in that

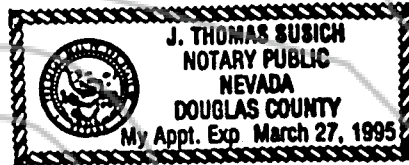
certain death certificate, a certified copy of which is attached hereto and made a part hereof by this reference thereto.

4. That DUANE SHIFFERT should be removed as a joint tenant owner of said property on account of his death.

Rhoda Shiffert
RHODA SHIFFERT

SUBSCRIBED and SWORN to before me
this 9th day of February, 1993.

J. Thomas Susich
NOTARY PUBLIC (SEAL)



300511

CERTIFICATION STATEMENT

This is to certify, that this is a true and correct copy of the vital statistics record which is on file in this office.

Curtiss E. Weidmer, M.D.

SEAL

Curtis Weidmer

Deputy Registrar

Registrar of Vital Statistics
El Dorado County, California

DEC 03 1992
Date

CERTIFICATE OF DEATH

3-92-09-000642

STATE FILE NUMBER

STATE OF CALIFORNIA
USE BLACK INK ONLY

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

DECEDENT PERSONAL DATA	1A. NAME OF DECEDENT—FIRST (GIVEN) DUANE			1B. MIDDLE ROBERTS		1C. LAST (FAMILY) SHIFFERT		2A. DATE OF DEATH—MO. DAY, YR. NOVEMBER 6, 1992		2B. HOUR 2307		3. SEX M
	4. RACE White			5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO. DAY, YR. MARCH 16, 1915		7. AGE IN YEARS 77	IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HOURS HOURS MINUTES	
	8. STATE OF BIRTH PA	9. CITIZEN OF WHAT COUNTRY U.S.A.		10A. FULL NAME OF FATHER Arthur Shiffert			10B. STATE OF BIRTH PA	11A. FULL MAIDEN NAME OF MOTHER Pearle Roberts			11B. STATE OF BIRTH PA	
	12. MILITARY SERVICE? 19 42 TO 19 71 <input type="checkbox"/> NONE		13. SOCIAL SECURITY NO. 2901		14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Rhoda Taubel					
16A. USUAL OCCUPATION Dentist			16B. USUAL KIND OF BUSINESS OR INDUSTRY Dentistry		16C. USUAL EMPLOYER United States Navy		16D. YEARS IN OCCUPATION 35		17. EDUCATION—YEARS COMPLETED 20			
USUAL RESIDENCE	18A. RESIDENCE—STREET AND NUMBER OR LOCATION 330 Seminal Way							18B. CITY Zephyr Cove		18C. ZIP CODE 89448		
	18D. COUNTY Douglas		18E. NUMBER OF YEARS IN THIS COUNTY 22		18F. STATE OR FOREIGN COUNTRY Nevada		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Rhoda Shiffert - Wife P.O.Box 781 Zephyr Cove, NV 89448					
PLACE OF DEATH	19A. PLACE OF DEATH Barton Memorial Hospital			19B. IF HOSPITAL SPECIFY ONE: IP, ER/OP, DOA ER/OP		19C. COUNTY El Dorado		19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 4th and South Ave.				
	19E. CITY So. Lake Tahoe			22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 92-21749		23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
CAUSE OF DEATH	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Acute spontaneous mid brain hemorrhage.											
	DUE TO (B) Clinical history of diabetes mellitus & hypertension											
	DUE TO (C)											
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21						26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.						
PHYSI- CIAN'S CERTIFICA- TION	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 CERTIFIER T. Weidmer			27C. CERTIFIER'S LICENSE NUMBER		27D. DATE SIGNED			
	27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR		DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS							
CORONER'S USE ONLY	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 T. Weidmer Deputy Coroner				28B. DATE SIGNED 11-10-92				
	29. MANNER OF DEATH—Specify one: Natural, Accidental, Suicide, Homicide, pending investigation or could not be determined Natural			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)					
FUNERAL DIRECTOR AND LOCAL REGISTRAR	34A. DISPOSITION(S) CR/TR/BU		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Arlington National Cemetery Arlington, VA			34C. DATE MO. DAY, YEAR 11-11-92		35A. SIGNATURE OF EMBALMER Not Embalmed		35B. LICENSE NUMBER None		
	36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) McFarlane Mortuary			36B. LICENSE NO. FD-1180		37. SIGNATURE OF LOCAL REGISTRAR Curtis E. Weidmer			38. REGISTRATION DATE 11-10-92, M. Mc			
STATE REGISTRAR	A.	B.	C.	D.	E.	BOOK 293 PAGE 4418		CENSUS TRACT 300511				

COPY

REQUESTED BY
Crowell, Susich et al
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

93 FEB 26 A10:40

SUZANNE BEAUDREAU
RECORDER 300511
\$ 8.00 PAID KØ DEPUTY

BOOK 293 PAGE 4419