RECORDED AT THE REQUEST OF:
HERMAN G. HERBIG, ESQ.
WHEN RECORDED, MAIL TO:
TERZICH, HERBIG & JACKSON, LTD.
P. O. BOX 1210

GARDNERVILLE, NEVADA 89410

AFFIDAVIT TERMINATING JOINT TENANCY

STATE	OF	NEVADA	.)	
)	SS
DOUGLA	AS C	TOTINTY)	

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

- 1. Your affiant is the wife of ELMER D. SMITH, Deceased.
- 2. 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 June 26, 1990 in Book 690, Page 3612 as Document No. 228894.
- 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 865 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.

Together with an easement for surface drainage over Lot 886 as shown in the Easement Deed recorded February 17, 1988 in Book 288, Page 2283 as Document No. 172684.

APN: 29-403-05

5. ELMER D. SMITH died on July 9, 1993 in Douglas County, Nevada.

A true copy of the Certificate of Death is attached hereto and made

312664

and made a part hereof.

6. Your Affiant swears under the penalty of perjury that the statements contained in this affidavit are true.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

DATED THIS /4 day of July, 1993.

DOROTHY MAE SMITH

SUBSCRIBED AND SWORN before me this 1444 day of /July, /1993,

NOTARY PUBLIC





STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS

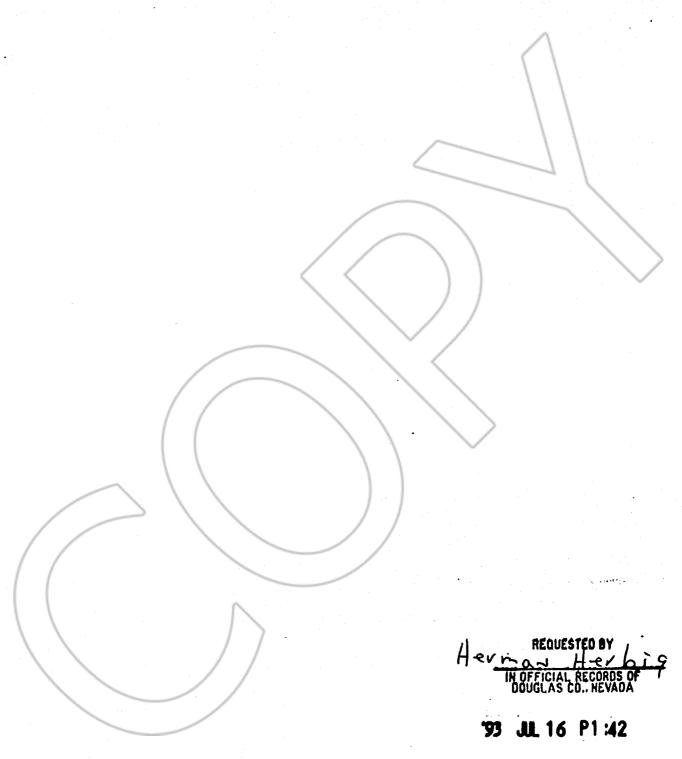


STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

DECE	LOCAL FILE NUMBER	•	Middle		Lasi	DATE OF DEA	TH (Month, Day, Year)	SIA	TE FILE NUMBER COUNTY OF DEATH
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	TOWN, OR LOCATION OF	DEATH	* ()		Name (If not either, give	street and number)	If Hosp, or Inst. ind Firm, Inpatient (Spec	icale DOA, OF	/Emer. SEX
	Carson City		. I	n-Tahoe H			30. Emer.	Rm.	Male
RACE	(e.g., White, Black, Ameri Indian, etc) (Specify)		Decedent of Hispanic ly Mexican, Cuban, Pi	Origin? Specify [] you werto Rican, etc.		(Years) MOS	DAYS HOURS	MINS	E OF BIRTH (Mo., Day, Y
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16.	John MANT—NAME (Type or Pris		· · · · · · · · · · · · · · · · · · ·	Smith	17. G ADDRESS		F.D. No., City or Town	- Fine Tiel	AGSCEIN
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FUNE	RAL DIRECTOR—SIGNATU		FUNE	RAL DIRECTOR N	AME AND ADDRESS OF	FACILITY Wall	ton's Chan	el of	the Valley
204.		vete	Ze 200.				., Carson		
3 2	Ita. To the best of my know due to the cause(s) sta	riedge, death	occurred at the time,	date and place and		22a. On the hase	of examination and/or i	nvestigation. I	n my opinion death occur
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TERZICH, HERBIG & JACKSON, LTD.
ATTORNEYS AT LAW

SUZANNE BEAUDREAU
RECORDER
PAIU DEPUTY