

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.
DOUGLAS COUNTY)

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

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ATTORNEYS AT LAW

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and made a part hereof.

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

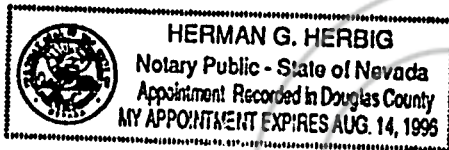
FURTHER YOUR AFFIANT SAYETH NAUGHT.

DATED THIS 14 day of July, 1993.

Dorothy M. Smith
DOROTHY MAE SMITH

SUBSCRIBED AND SWORN
before me this 14th
day of July, 1993.

Herman G. Herbig
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

	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last 1. Elmer D SMITH	DATE OF DEATH (Month, Day, Year) 2. July 9, 1993	STATE FILE NUMBER
TYPE OR PRINT IN PERMANENT BLACK INK	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) 3e. Emer. Rm.
	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. 67
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country) 9a. Oklahoma	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 0	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married
	SOCIAL SECURITY NUMBER 13. ██████████ 1179	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Retired Truck Driver	KIND OF BUSINESS OR INDUSTRY 14b. Transportation/Shipping Industries	
L	RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Gardnerville	STREET AND NUMBER 16d. 1453 Sally Lane
	FATHER—NAME First Middle Last 16. John Smith		MOTHER—MAIDEN NAME First Middle Last 17. Jenny Austin	
PARENTS	INFORMANT—NAME (Type or Print) 18a. Cheryl Perryman		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 266 Pecan Place, Brentwood, California 94513	
	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation	CEMETERY OR CREMATORY—NAME 19b. Sierra Crematory		LOCATION City or Town State 19c. Reno, Nevada
DISPOSITION	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]	FUNERAL DIRECTOR LICENSE NUMBER 20b. 21	NAME AND ADDRESS OF FACILITY 20c. Walton's Chapel of the Valley, 1281 N. Roop St., Carson City, Nv. 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) [Signature]		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) [Signature]	
CERTIFIER	DATE SIGNED (Mo., Day, Yr.) 21b. 7-12-93	HOUR OF DEATH 21c. 0600	DATE SIGNED (Mo., Day, Yr.) 22b.	HOUR OF DEATH 22c.
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON	PRONOUNCED DEAD (Hour) 22e. AT
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Robert L. McDonald, M.D., 710 W. Washington St., Carson City, Nv.		LICENSE NUMBER 23b. 6433		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	REGISTRAR 24a. [Signature]	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. July 12, 1993	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))			
CAUSE OF DEATH	PART I (a) Cardiopulmonary arrest	Interval between onset and death minutes		
	(b) Asthma (consistent with - no autopsy)	Interval between onset and death hours		
PART II (c)	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. Yes
ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d.	
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION 28g.	STREET OR R.F.D. No.	CITY OR TOWN STATE



This is to certify that the above is a true and correct copy of the certificate on file in this office. By: **[Signature]** Deputy Registrar

Date Issued: **JUL 13 1993**

SEAL No. 052850



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY
Herman Herbig
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

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TERZICH, HERBIG & JACKSON, LTD.
ATTORNEYS AT LAW

SUZANNE BEAUDREAU
RECORDER
\$5.00 PAID to DEPUTY