

91  
**Affidavit-Termination of Joint Tenancy**  
(Death of a Joint Tenant)

Tyne Honkanen, of legal age, being first duly sworn, deposes and says:  
(Affiant Name)

That Eric G. Honkanen, the decedent mentioned in the attached certified copy Certificate  
(Deceased Name as shown on Death Certificate)

of Death, is the same person as Eric G. Honkanen, named as one of the parties in that  
(Deceased Name as shown on Deed)

certain Joint Tenancy Deed, dated on this 12th day of September, 1968  
(Type of Document)

executed by Luther J. Martin & Hugh L. Martin Eric G. and Tyne Honkanen, as Joint Tenants,  
(Grantor) (Grantee)

recorded as Instrument No. 42481, on this 3rd day of October, 1968, in book  
62, pg 359, of Official Records of Douglas County, Nevada, covering the following described property situated  
in the City of Gardnerville, County of Douglas, State of Nevada. (Set forth legal description and commonly known  
street address, if known)

Lot 4, as shown on the map of GREEN ACRES, filed in the office of the County  
Recorder of Douglas County, Nevada, on September 19, 1966.

EXCEPTING THEREFROM that Southeast corner of said Lot 4, South 71°23'50" West,  
347.00 feet, along the Southerly boundary of said Lot 4, to the South-  
west corner; thence North 18°36'10" West, 11.04 feet, along the Westerly  
boundary of said Lot 4, to a point; thence North 71°17'37" East, 347.00 feet to  
a point on the Easterly boundary of said Lot 4; thence South 18°36'10" East,  
11.67 feet, along the Easterly boundary of said Lot 4, to the POINT OF  
BEGINNING.

ASSESSOR'S PARCEL NO. 19-290-04

That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed the sum of  
\$ \$96,332.00

In Witness Whereof, I/We have hereunto set my hand/our hands this 15<sup>th</sup> day of AUGUST, 1994

Tyne Honkanen  
(Signature)

(Signature)

Tyne Honkanen  
(Print or type name here)

(Print or type name here)

STATE OF NEVADA )

COUNTY OF DOUGLAS )

On this 15<sup>th</sup> day of AUGUST, 1994  
personally appeared before me, a Notary Public

Tyne Honkanen

personally known to me to be the person whose name(s) is subscribed  
to the above instrument who acknowledged that She executed  
the instrument.

Gayle Gissell  
(Notary Public)

**GAYLE GISSELL**  
Notary Public - State of Nevada  
Appointment Recorded in Carson City  
MY APPOINTMENT EXPIRES FEB. 11, 1995

(Notary Stamp)

RECORDING REQUESTED BY AND MAIL TO

NAME Gunner Kyle  
ADDRESS P.O. Box 864  
CITY/ST/ZIP Gardnerville, NV 89410

If applicable mail tax statements to

NAME Gunner Kyle  
ADDRESS P.O. Box 864  
CITY/ST/ZIP Gardnerville, NV 89410

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

344031

BK 0894 PG 2607

# 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		
	1. DECEASED—NAME First Middle Last <b>Eric Gunnar HONKANEN</b>			2. DATE OF DEATH (Month, Day, Year) <b>10-7-93</b>		3. COUNTY OF DEATH <b>Douglas</b>
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Gardnerville</b>		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>519 Greenacre</b>		3e. SEX <b>Male</b>	
DECEDENT	5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>White</b>		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc. <b>No</b>		7. AGE—Last Birthday (Years) <b>87</b>	
	9a. STATE OF BIRTH (If not U.S.A., name country) <b>Finland</b>		9b. CITIZEN OF WHAT COUNTRY <b>USA</b>		10. Decedent's Education. Specify highest grade completed. <b>16</b>	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>Tyne Makinen</b>			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13. SOCIAL SECURITY NUMBER <b>██████████-7429</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Engineer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Aero Space</b>	
	15a. RESIDENCE—STATE <b>Nevada</b>		15b. COUNTY <b>Douglas</b>		15c. CITY, TOWN, OR LOCATION <b>Gardnerville</b>	
	15d. STREET AND NUMBER <b>519 Greenacre</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>			
PARENTS	16. FATHER—NAME First Middle Last <b>Urho Honkanen</b>			17. MOTHER—MAIDEN NAME First Middle Last <b>Hanna</b>		
	18a. INFORMANT—NAME (Type or Print) <b>Tyne Honkanen - Wife</b>			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>519 Greenacre Gardnerville, NV 89410</b>		
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY—NAME <b>FitzHenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City, NV</b>	
	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>36</b>		20c. NAME AND ADDRESS OF FACILITY <b>FitzHenry's Funeral Home &amp; Crematory 833 N. Edmonds Dr. Carson City, NV 89701</b>	
CERTIFIER	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) <i>[Signature]</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>[Signature]</i>		
	21b. DATE SIGNED (Mo., Day, Yr.) <b>10-7-93</b>		21c. HOUR OF DEATH <b>0945</b>		22b. DATE SIGNED (Mo., Day, Yr.)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22c. PRONOUNCED DEAD (Mo., Day, Yr.)		
	21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) <b>Joseph Heflin, M.D. 1532 Hwy 395, Gardnerville, Nevada 89410</b>			22d. PRONOUNCED DEAD (Hour) <b>AT</b>		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. REGISTRAR <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>10-7-1993</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))		Interval between onset and death			
	PART I (a) <b>SARCOMA</b> DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
CAUSE OF DEATH	PART I (b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
	PART II (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		26. AUTOPSY (Specify Yes or No) <b>NO</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>YES</b>	
	28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify) <b>28a.</b>		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY <b>M</b>	
28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		
28g. LOCATION		28h. STREET OR R.F.D. No.		28i. CITY OR TOWN		
28j. STATE		28k. STATE				

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

Date Issued: **OCT 08 1993**

By: *[Signature]*  
Deputy Registrar

No. 059249

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

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COPY

REQUESTED BY

Gunner Kyle

IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'94 AUG 15 P2:02

344031

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SUZANNE BEAUDREAU

RECORDER

\$ 9.00 PAID K2 DEPUTY