

AFFIDAVIT TERMINATING JOINT TENANCY

940209116

JENNIE A. MACIAS, being first duly sworn, deposes and says that Affiant is over the age of 18 years and competent to be a witness as to the matters hereinafter stated.

That Affiant is the surviving spouse of FELIX G. MACIAS, and that the Affiant and the said FELIX G. MACIAS, deceased, are the Grantees in Joint Tenancy under that certain Joint Tenancy Deed dated SEPTEMBER 21, 1988 under the terms of which ALAN D. WELBORN was seller to FELIX G. MACIAS AN JENNIE A. MACIAS husband and wife, as Joint Tenants, upon the terms, covenants and provisions as set forth therein, said document recorded SEPTEMBER 27, 1988 in Book 988 page 3818, as document no. 187204, of the Official Records of DOUGLAS County, State of NEVADA, affecting all that certain piece or parcel of land, situate in the County of DOUGLAS, State of NEVADA, described as follows:

BEING ALL OF LOT 112, AS SHOWN ON THE MAP OF SKYLAND SUBDIVISION NO. 2, FILED IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY, NEVADA ON FEBRUARY 27, 1958, AS DOCUMENT NO. 12967. TOGETHER WITH THE RIGHT OF ACCESS OVER LOTS 32 AND 33; AS SHOWN ON THE FILED MAP REFERRED TO HEREIN AS RESERVED IN THE DEED FROM STOCKTON GARDEN HOMES, INC., A CALIFORNIA CORPORATION TO SKYLAND WATER COMPANY, A NEVADA CORPORATION, RECORDED FEBRUARY 5, 1960 IN BOOK 1 OF OFFICIAL RECORDS AT PAGE 268, DOUGLAS COUNTY, NEVADA. APN#05-034-10.

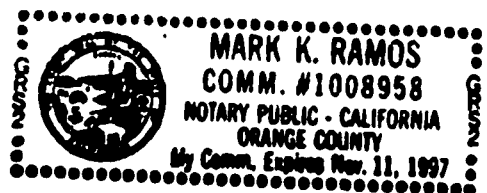
That the said FELIX G. MACIAS, one of the Grantees on the Joint Tenancy Deed, died on June 9, 1992, in Placentia, Ca., and is the identical person named in the Certificate of Death, attached hereto. That all interest in and to said real property hereinabove described, vested absolutely in Affiant as of the date of decedent's death.

Jennie A. Macias
JENNIE A. MACIAS
State of CA.)
County of ORANGE) SS

On July 26, 1994, before me, the undersigned, a Notary Public in and for said State, personally appeared JENNIE A. MACIAS known (or proved) to me to be the person whose name IS subscribed to the within instrument and acknowledged to me that SHE executed the same.

WITNESS my hand and official seal.

Signature [Signature]



350189

BK 1194 PG 1162

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY

3-92-30-006805

STATE FILE NUMBER

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF DECEDENT—FIRST (GIVEN) FELIX		1B. MIDDLE G.	1C. LAST (FAMILY) MACIAS	2A. DATE OF DEATH—MO. DAY, YR. June 9, 1992	2B. HOUR 1745	2C. SEX M
4. RACE White		5. HISPANIC—SPECIFY <input checked="" type="checkbox"/> Yes Max-Am <input type="checkbox"/> No		6. DATE OF BIRTH—MO. DAY, YR. November 2, 1924	7. AGE IN YEARS 67	8. UNDER 1 YEAR MONTHS: _____ DAYS: _____
9. STATE OF BIRTH CA	10. CITIZEN OF WHAT COUNTRY U.S.A.	10A. FULL NAME OF FATHER Alfred Meyers		10B. STATE OF BIRTH MX	11A. FULL MAIDEN NAME OF MOTHER Alexandria Marquez	
12. MILITARY SERVICE? 19 41 to 19 45 <input type="checkbox"/> NONE		13. SOCIAL SECURITY NO. 9904		14. MARITAL STATUS Married	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Jennia Acuna	
16A. USUAL OCCUPATION Bookbinder		16B. USUAL KIND OF BUSINESS OR INDUSTRY Printing		16C. USUAL EMPLOYER Turf Club Print.	16D. YEARS IN OCCUPATION 40	17. EDUCATION—YEARS COMPLETED 5

18A. RESIDENCE—STREET AND NUMBER OR LOCATION 1548 Demmer Drive			18B. CITY Placentia	18C. ZIP CODE 92670	
19D. COUNTY Orange		19E. NUMBER OF YEARS IN THIS COUNTY 36	19F. STATE OR FOREIGN COUNTRY CA	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Jennie A. Macias (Wife)	

19A. PLACE OF DEATH Residence		19B. IF HOSPITAL SPECIFY ONE: IP, ER/OP, DOA -----	19C. COUNTY Orange	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT 1548 Demmer Drive Placentia, California 92670	
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 1548 Demmer Drive			19E. CITY Placentia	22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES 92-03467SU <input type="checkbox"/> NO	23. WASopsy PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)		23. WASopsy PERFORMED?
IMMEDIATE CAUSE (A)	Cardiac Arrest ▶ 1 hr	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DUE TO (B)	METASTATIC RENAL CARCINOMA ▶ 6 mos	24A. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DUE TO (C)		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 NONE		26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE.

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 	27C. CERTIFIER'S LICENSE NUMBER A 3180	27D. DATE SIGNED 6-10-92
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 12-16-91	DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR 2 5 92	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Joseph M. Longnecker M.D., 2720 N. Harbor, Fullerton CA		

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 		28B. DATE SIGNED
29. MANNER OF DEATH—tick one: natural, accident, suicide, homicide, pending investigation or could not be determined		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)				

34A. DISPOSITION(S) Burial	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Loma Vista Mem. Park, 701 E. Bastanchury Rd., Fullerton CA	34C. DATE MO. DAY, YEAR Jun. 12, 1992	34D. SIGNATURE OF BURIALER 	34E. LICENSE NUMBER 6501
35A. NAME OF FUNERAL DIRECTOR FOR PERSON ACTING AS SUCH Neels Brea Mortuary		35B. LICENSE NO. FD 623	37. SIGNATURE OF LOCAL REGISTRAR 	
36A. REGISTRATION DATE Jun. 10, 1992		36B. CENSUS TRACT		

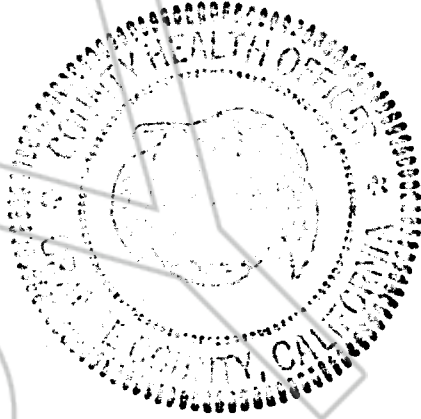
STATE REGISTRAR	A. BK 1194 PG 1163	C. 350189
-----------------	---------------------------	------------------

COUNTY OF ORANGE
HEALTH CARE AGENCY
PUBLIC HEALTH & MED SERVICES
SANTA ANA, CALIFORNIA

This is to certify that it is correct
with the seal of the County of Orange
County Health Care Agency and that this
is a true copy of the permanent
record filed in this office.

[Signature]
Public Health Officer
County of Orange

Date JUN 17 1992



REQUESTED BY
STEWART TITLE OF DOUGLAS COUNTY
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

94 NOV -7 P3:58

SUZANNE BEAUDREAU
RECORDER

⁹⁰⁹
s. PAIKO DEPUTY

350189

BK 1194 PG 1164