

2 **AFFIDAVIT TERMINATING JOINT TENANCY**

3 STATE OF NEVADA)
4 : ss.
5 COUNTY OF DOUGLAS)

6 SHANNON RUTH McMASTERS, also known as SHANNON RUTH McMASTERS
7 BLANCO, being first duly sworn, deposes and says:

8 That affiant is the surviving granddaughter and tenant of
9 VIOLA M. McMASTERS, deceased; that affiant and the said VIOLA M.
10 McMASTERS, deceased, are the joint tenants with right of
11 survivorship, and not as tenants in common and not as community
12 property, to the real property described in that certain Joint
13 Tenancy Deed dated the 12th day of October, 1982, and recorded on
14 December 2, 1982, as Document No. 73628, Douglas County, State of
15 Nevada records, wherein VIOLA M. McMASTERS is the Grantor and the
16 said SHANNON RUTH McMASTERS, also known as SHANNON RUTH McMASTERS
17 BLANCO and VIOLA M. McMASTERS are grantees, same conveying that
18 certain real property in Douglas County, State of Nevada, and
19 more particularly described as follows, to-wit:

20 Lots 4, 5 and 6 of Block "I" of the West Addition to
21 the Town of Minden, Douglas County, Nevada, as the same
22 appear on the official map or plat of said West Addition to
23 the Town of Minden, on file in the office of the County
24 Recorder of Douglas County, Nevada.

25 That the said VIOLA M. McMASTERS died on the 30th day of
26 June, 1994, at Douglas County, Nevada, and is the identical
27 person named as VIOLA M. McMASTERS in that certain certified copy
28 of Certificate of Death attached hereto as Exhibit "A"; that said
certified copy of Certificate of Death is hereby referred to and
by such reference is incorporated into this paragraph as though

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BK 1194 PG 1561

✓ LAW OFFICE OF
MILTON MANOUKIAN, ESQ.
SOUTHWEST PROFESSIONAL CENTRE
439 WEST PLUMB LANE
RENO, NEVADA 89509
(702) 786-2220

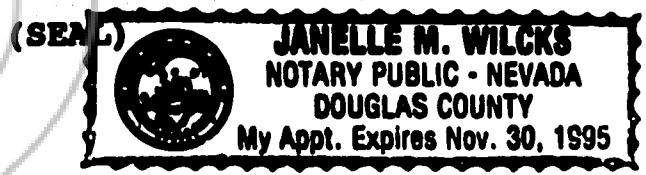
1 herein fully set forth. That all of said real property vested in
2 the said SHANNON RUTH McMASTERS on the date of decedent's death.
3 DATED this 24th day of August, 1994.

4
5 Shannon Ruth McMasters also known as
6 SHANNON RUTH McMASTERS, also known
7 as SHANNON RUTH McMASTERS BLANCO
8 Shannon Ruth McMasters Blanco

9
10
11
12 STATE OF NEVADA)
13 : ss.
14 COUNTY OF DOUGLAS)

15 On this 24th day of August, 1994, personally appeared
16 before me, a Notary Public, SHANNON RUTH McMASTERS, also known as
17 SHANNON RUTH McMASTERS BLANCO, known to me or proven to me to be
18 the person who executed the foregoing instrument.

19 Janelle Wilcks
20 NOTARY PUBLIC



LAW OFFICE OF
MILTON MANOUKIAN, ESQ.
SOUTHWEST PROFESSIONAL CENTRE
439 WEST PLUMB LANE
RENO, NEVADA 89509
(702) 786-2220

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

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

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DEPOSED

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER								
DECEASED—NAME First Middle Last 1. Viola M. MC MASTERS			DATE OF DEATH (Month, Day, Year) 2. June 30, 1994		COUNTY OF DEATH 3. Douglas						
CITY, TOWN, OR LOCATION OF DEATH 3b. Minden		HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number) 3c. 1469 Douglas Avenue		If Hosp. or Inst. Indicate DOA, OP/Emer. Pm. Inpatient (Specify) 3e.		SEX 4. Female					
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.		AGE—Last Birthday (Years) 7a. 88	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :	DATE OF BIRTH (Mo., Day, Yr.) 8. May 21, 1906				
STATE OF BIRTH (If not U.S.A., name country) 9a. Nevada		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education. Specify highest grade completed. 10. 8		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Widowed		SURVIVING SPOUSE (If wife, give maiden name) 12.			
SOCIAL SECURITY NUMBER 13. 5663		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired) 14a. Homemaker			KIND OF BUSINESS OR INDUSTRY 14b. Own Home						
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Douglas		CITY, TOWN, OR LOCATION 15c. Minden		STREET AND NUMBER 15d. 1469 Douglas Ave		INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes			
FATHER—NAME First Middle Last 16. Ludwig Ruhenstroth			MOTHER—MAIDEN NAME First Middle Last 17. Ida Bassman								
INFORMANT—NAME (Type or Print) 18a. Arthur McMaster				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1489 Glenwood Lane, Bishop, California 93514							
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Genoa Cemetery			LOCATION City or Town State 19c. Genoa, Nevada						
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, Nevada 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]		DATE SIGNED (Mo., Day, Yr.) 21b. 6/30/94		HOUR OF DEATH 21c. 0610		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]		DATE SIGNED (Mo., Day, Yr.) 22b.		HOUR OF DEATH 22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		22d. ON		22e. AT		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. Joseph Heflin, M. D., 1107 Hwy. 395, Gardnerville, Nevada						LICENSE NUMBER 23b. 5873					
REGISTRAR 24a. [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. 6-30-94		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).) PART I (a) cardiovascular heart disease DUE TO, OR AS A CONSEQUENCE OF: (b) cardiovascular accident DUE TO, OR AS A CONSEQUENCE OF: (c)						Interval between onset and death		Interval between onset and death		Interval between onset and death	
PART II 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. 28g.		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: **June 30 1994**

No. 065245



WARNING IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK 1194P61563

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COPY

REQUESTED BY

Milt Madoukian

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

94 NOV -9. 11:00

SUZANNE BEAUDREAU
RECORDER

\$10⁰⁰ PAID Kr DEPUTY

350386

BK 1194 PG 1564