

RTN TO:
Sara + Cheryl
2269 James Avenue
S. Lake Tahoe, CA
96150

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
) ss.
COUNTY OF DOUGLAS)

SHARON L. NIX, wife of deceased PARKER WAYNE NIX, being first duly sworn, deposes and says that affiant is over the age of 21 years and competent to be a witness as to the matters hereinafter stated.

That affiant SHARON L. NIX is the person named as SHARON L. NIX, one of the grantees in that certain deed recorded August 7, 1986 as Document No. 138692 in Book 886, Page 674 of the Official Records in the Office of the County Recorder of Douglas County, State of Nevada, which property is further described as:

Lot 17, as shown on the amended map of Kingsbury Village Subdivision Unit No. 1, filed in the office of the County Recorder of Douglas County, Nevada, July 10, 1963, Document No. 22952. Assessor's Parcel Number: 11-191-02

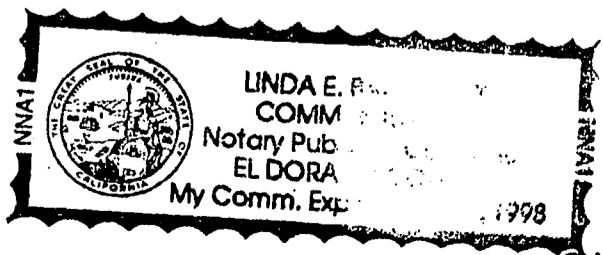
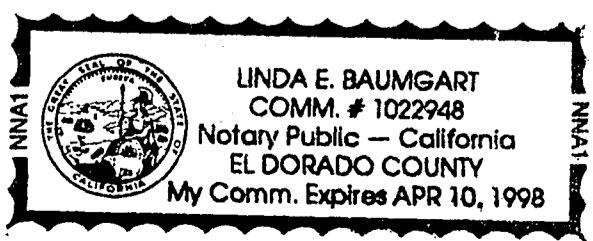
That PARKER W. NIX was one of the grantees in said deed and was the identical person named as PARKER WAYNE NIX, the decedent in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof, who died on August 31, 1995 at Stateline, Douglas County, Nevada.

Sharon L. Nix
Sharon L. Nix

STATE OF California,
COUNTY OF El Dorado

On 10-5 1995, personally appeared before me, A Notary Public, Sharon L. Nix who acknowledged that he/she executed the above instrument.

Signature: Linda E Baumgart
Notary Public



BK 1095PG2574

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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	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
		1. Parker Wayne NIX			2. August 31, 1995	3a. Douglas
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA; OP/Emer. Rm. inpatient (Specify)	SEX
	3b. Stateline		3c. 254 Andria Drive		3e.	4. Male
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American Indian, etc.) (Specify)		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)	DATE OF BIRTH (Mo., Day, Yr.)
	5. White		6.		7a. 66	8. February 15, 1929
	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education—Specify highest grade completed.	MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify)
	9a. Louisiana		9b. USA		10. 16	11. Married
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
	13. 4569		14a. Water Resources		14b. U.S. Federal Government	
PARENTS	RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER
	15a. Nevada		15b. Douglas	15c. Stateline		15d. 254 Andria Dr.
	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
	16. Loy Nix			17. Bessie Parker		
DISPOSITION	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
	18a. Sharon Nix			18b. P.O. Box 2568 Stateline, Nevada 89449		
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
	19a. Cremation		19b. FitzHenry's Crematory		19c. Carson City, Nevada	
CERTIFIER	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting in Same)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY		
	20a. <i>[Signature]</i>		20b. #36	20c. 833 N. Edmonds Drive Carson City, NV 89701		
	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. 9-1-95			22b. DATE SIGNED (Mo., Day, Yr.)		
CAUSE OF DEATH	21c. 0715			22c. HOUR OF DEATH		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. ON		
	23a. Dr. John Kelly 550 W. Washington Carson City, NV 89703					LICENSE NUMBER
						23b. #6376
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
	24a. <i>[Signature]</i>		24b. Sept 1-1995		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) Metastatic Bladder Cancer				Interval between onset and death: 10 months
	(b) DUE TO, OR AS A CONSEQUENCE OF					
	(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I					
	PART II				AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
	26. No				27. Yes	
	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	
	28a.		28b.	28c. M	28d.	
	INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION	STREET OR R.F.D. No. CITY OR TOWN STATE
	28e.		28f.		28g.	



STATE REGISTRAR

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

Date Issued: SEP 01 1995

[Signature] Deputy Registrar

No. 85361



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

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COPY

REQUESTED BY
Dale L. Sore
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'95 OCT 16 AM 11:09

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BK 1095 PG 2576

LINDA SLATER
RECORDER
\$ 9.00 PAID ka DEPUTY