

WHEN RECORDED RETURN TO:

Ethel M. Rushing  
1368 Topaz Lane  
Gardnerville, Nevada 89410

Above space reserved for recording information

**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF NEVADA )  
 )  
County of Douglas ) SS.

Ethel M. Rushing, being first duly sworn, deposes and says that affiant is over the age of majority and competent to be a witness as to the matters hereinafter stated.

That affiant is Ethel M. Rushing, the person named as  
a joint tenant, one of the grantees in that certain deed  
recorded August 28, 19 77, in Book 877,  
Page 429 in the records of Douglas County, Nevada.

That Leo W. Rushing was one of the  
grantees named in said deed and was the identical person named as  
Leo W. Rushing, the decedent, in that certain Death  
Certificate, certified copy of which is annexed hereto and made a part hereof.

Ethel M. Rushing  
Ethel M. Rushing  
Affiant

STATE OF NEVADA )  
County of Douglas ) SS.  
On this 2 day of Oct, 19 94

**ACKNOWLEDGMENT**

before me, the undersigned Notary Public, personally appeared Ethel M. Rushing, known to me to be the individual(s) described in and who executed the foregoing Affidavit Terminating Joint Tenancy, and acknowledged that it was executed as his/her/their free act and deed.

SUSAN J. RHOADS  
Notary Public  
STATE OF NEVADA  
WASHOE COUNTY  
Commission Expires July 22, 2000  
My Appel. Expires July 22, 2000

Susan J. Rhoads  
Notary Public

Description of Property Lot 276 of Gardnerville Ranchos Unit No. 2, according to the map thereof on file in the records of the County records of Douglas County, Nevada, filed on June 1, 1965 as Document No 28309, and the Amended Title Sheet filed on June 4, 1965.  
Subject to and together with rights of way, reservation, exceptions, easements, covenants, conditions of record, encumbrances and current taxes  
APN 27-342-26. E. R.

BK 119661474  
400642

# 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 <b>Leo Wilson RUSHING</b>			DATE OF DEATH (Month, Day, Year) <b>2 November 14, 1993</b>	STATE FILE NUMBER	COUNTY OF DEATH <b>3a Douglas</b>					
	1	CITY, TOWN, OR LOCATION OF DEATH <b>3b Gardnerville</b>			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>3c 1368 Topaz Lane</b>	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>3e 7</b>	SEX <b>4 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 checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years) <b>7a 77</b>	UNDER 1 YEAR MOS. : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.) <b>8 November 20, 1916</b>				
	9a	STATE OF BIRTH (If not U.S.A., name country) <b>Oklahoma</b>	9b	CITIZEN OF WHAT COUNTRY <b>USA</b>	10	Decedent's Education. Specify highest grade completed. <b>10</b>	11	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	12	SURVIVING SPOUSE (If wife, give maiden name) <b>Ethel Whitehead</b>		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	13	SOCIAL SECURITY NUMBER <b>0007</b>	14a	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Owner/Operator</b>	14b	KIND OF BUSINESS OR INDUSTRY <b>Auto Body and Repair</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>1368 Topaz Ln.</b>	15e	INSIDE CITY LIMITS (Specify Yes or No) <b>YES</b>		
PARENTS	16	FATHER—NAME First Middle Last <b>Unknown</b>			MOTHER—MAIDEN NAME First Middle Last <b>Unknown</b>							
	18c	INFORMANT—NAME (Type or Print) <b>Ethel Rushing - Wife</b>			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>1368 Topaz Lane, Gardnerville, Nevada 89410</b>							
DISPOSITION	19a	BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>			CEMETERY OR CREMATORY—NAME <b>FitzHenry's Crematory</b>		LOCATION City or Town State <b>Carson City, Nevada</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 Drive, Carson City, Nevada 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>November 16, 1993</b>			21c. HOUR OF DEATH <b>1342</b>			22b. DATE SIGNED (Mo., Day, Yr.)			22c. HOUR OF DEATH		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. ON			22e. AT					
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER): (Type or Print.) <b>Rex T. Baggett, M.D. 710 W. Washington St. Carson City, Nevada 89703</b>			23b. LICENSE NUMBER <b>2395</b>								
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) <i>[Signature]</i>			24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>November 16, 1993</b>			24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>					
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			Interval between onset and death								
CAUSE OF DEATH	PART I (a) DUE TO, OR AS A CONSEQUENCE OF <b>414.8 Congestive heart failure</b>			Interval between onset and death								
	(b) DUE TO, OR AS A CONSEQUENCE OF <b>Ischemic myocardial infarction</b>			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.			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)		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY		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		STREET OR R.F.D. No. CITY OR TOWN STATE						

**SEAL**  
**No. 059928**



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

STATE REGISTRAR

Date Issued: **NOV 24 1993**

By: *[Signature]*  
Deputy Registrar



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

400642

BK 1196PG 1475

COPY

REQUESTED BY  
Ethel Rushing  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'96 NOV -8 AM 11:38

400642  
BK 1196 PG 1476

LINDA SLATER  
RECORDER  
\$ 9.00 PAID k2 DEPUTY