

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

I, ANNA F. ENGE, the Affiant,
being of legal age, and being first duly sworn, deposes and says:

That ROBERT JOHN ENGE, the decedent
(Deceased Name as shown on Death Certificate)

mentioned in the attached certified copy Certificate of Death, is the same person as ROBERT J. ENGE
(Deceased Name as shown on Deed)

named as one of the parties in that certain Individual Grant Deed
(Type of Document)

dated on the 4th day of January, 19 93, and executed by Dave Phillips and Wanona Phillips, known as "Grantor(s)"
to Robert J. Enge and Anna F. Enge, husband and wife, known
as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 296673, on the
5th day of January, 19 93, in book 193 Page 207, 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 51, as shown on the map of GARDNERVILLE RANCHOS UNIT NO. 5,
recorded in the Office of the Douglas County Recorder on November 4,
1970, in Book 80, Page 675, as Document No. 50056.

A.P.N. 29-143-01

ASSESSOR'S PARCEL NO. (APN#) 29-143-01

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 \$ n/a

In Witness Whereof, I/We have hereunto set my hand/our hands this 16th day of July, 19 97

Anna F. Enge
(Signature) Anna F. Enge

(Signature)

(Print or type name here)

(Print or type name here)

STATE OF NEVADA }
COUNTY OF Douglas }
On this 16th day of July, 19 97
personally appeared before me, a Notary Public
Anna F. Enge

RECORDING REQUESTED BY AND MAIL TO
NAME Anna F. Enge
ADDRESS 768 Long Valley Rd.
CITY/ST/ZIP Gardnerville, NV 89410

If applicable mail tax statements to
NAME same as above
ADDRESS
CITY/ST/ZIP

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

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

Janice K. Condon
(Notary Public)



(Notary Stamp)

0417293

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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

	LOCAL FILE NUMBER DECEASED—NAME First Middle Last 1. Robert John ENGE	DATE OF DEATH (Month, Day, Year) 2. July 4, 1997	STATE FILE NUMBER COUNTY OF DEATH 3a. Douglas
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH 3b. Gardnerville	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 768 Long Valley Rd.	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Male
	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. 6.	AGE—Last Birthday (Years) 7a. 72
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country) 9a. Minnesota	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	DATE OF BIRTH (Mo., Day, Yr.) 8. Nov. 1, 1924
	SOCIAL SECURITY NUMBER 13. 5821	Decedent's Education. Specify highest grade completed. 10. 11	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married
PARENTS	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Carpenter	KIND OF BUSINESS OR INDUSTRY 14b. Construction	
	RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Douglas	CITY, TOWN, OR LOCATION 15c. Gardnerville
DISPOSITION	STREET AND NUMBER 15d. 768 Long Valley Rd.	INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes	
	FATHER—NAME First Middle Last 16. Severt Enge	MOTHER—MAIDEN NAME First Middle Last 17. Anna Pedersen	
CERTIFIER	INFORMANT—NAME (Type or Print) 18a. Anna Enge	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 768 Long Valley Rd. Gardnerville, Nev. 89410	
	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation	CEMETERY OR CREMATORY—NAME 19b. Walton's Carson Sierra Crematory	LOCATION City or Town State 19c. Carson City Nevada
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>	FUNERAL DIRECTOR LICENSE NUMBER 20b. 94	NAME AND ADDRESS OF FACILITY 20c. Walton's Chapel of the Valley 1281 N. Roop St. Carson City, Nev. 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) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 7/7/97	HOUR OF DEATH 21c. 1830	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> DATE SIGNED (Mo., Day, Yr.)
CAUSE OF DEATH	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Joseph Heflin M.D. 1107 Highway 395 Gardnerville, NV. 89410	LICENSE NUMBER 23b. 5873	
	REGISTRAR 24a. (Signature) <i>[Signature]</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. July 7-1997	DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		
	PART I (a) emphysema DUE TO, OR AS A CONSEQUENCE OF: (b) anemia 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.	Interval between onset and death Interval between onset and death Interval between onset and death	
CAUSE OF DEATH	PART II ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M
	INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	DESCRIBE HOW INJURY OCCURRED 28d.
	LOCATION. 28g.	STREET OR R.F.D. No. CITY OR TOWN STATE	AUTOPSY (Specify Yes or No) 26. No
			WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes



STATE REGISTRAR

No. 115436

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

[Signature]

Date Issued: **JUL 07 1997**

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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COPY

REQUESTED BY
ANNA ENGE
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'97 JUL 16 P1:21

0417293

BK0797PG2665

LINDA SLATER
RECORDER
\$ 9.00 PAID [Signature] DEPUTY