

M74773LCP

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA )
)
)
)
COUNTY OF WASHOE )

James W. McMasters and Elizabeth V. McMasters, husband and wife, being first duly sworn, depose and says that affiant is over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

That affiant is the person named as Antonio F. Belio, was one of the grantees in that certain deed recorded November 5, 1993 as Document No. 321990, in Book 1193, Page 1047, Official Records, in the office of the County Recorder of Douglas County, State of Nevada, described in Exhibit "A" attached hereto and incorporated herein by reference.

That Antonio F. Belio, was one of the grantees named in said deed and were the same person as Antonio F. Belio, the decedent, in that certain Death Certificate, a certified copy of which is attached hereto as Exhibit "B" and incorporated herein by reference.

James W. McMasters
Elizabeth V. McMasters

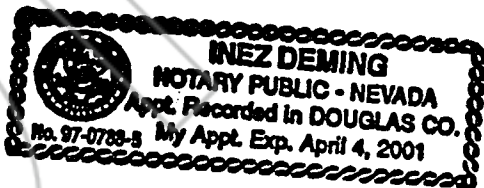
STATE OF NEVADA,
COUNTY OF CARSON )

appeared before me, a Notary Public, James W. McMaster and Elizabeth V. McMasters, personally known or proven to me to be the person(s) whose name(s) is/are subscribed to the above instrument, who acknowledged that he/she/they executed the instrument for the purposes therein contained.

[Signature]
Notary Public

My Commission Expires:

4-4-2001



THIS DOCUMENT IS RECORDED AS AN ACCOMODATION ONLY and without liability for the consideration therefor; or as to the validity or sufficiency of said instrument or for the effect of such recording on the title of the property involved.

0421058

**CERTIFICATE OF DEATH**

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS  
VS-11 (REV. 7/93)

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

1. NAME OF DECEDENT—FIRST (GIVEN) <b>ANTONIE</b>			2. MIDDLE <b>F.</b>			3. LAST (FAMILY) <b>BELIO</b>															
4. DATE OF BIRTH MM/DD/CCYY <b>11/24/1906</b>		5. AGE YRS. <b>88</b>		IF UNDER 1 YEAR MONTHS   DAYS		IF UNDER 24 HOURS HOURS   MINUTES		6. SEX <b>M</b>		7. DATE OF DEATH MM/DD/CCYY <b>08/28/1995</b>		8. HOUR <b>0045</b>									
9. STATE OF BIRTH <b>FRANCE</b>		10. SOCIAL SECURITY NO. <b>3660</b>		11. MILITARY SERVICE <b>1942 To 1945</b> <input type="checkbox"/> NONE		12. MARITAL STATUS <b>MARRIED</b>		13. EDUCATION—YEARS COMPLETED <b>12</b>													
14. RACE <b>CAUCASIAN</b>		15. HISPANIC—SPECIFY <input checked="" type="checkbox"/> YES <b>SPANISH</b> <input type="checkbox"/> NO		16. USUAL EMPLOYER <b>SELF EMPLOYED</b>																	
17. OCCUPATION <b>OWNER</b>		18. KIND OF BUSINESS <b>DRY CLEANING</b>		19. YEARS IN OCCUPATION <b>38</b>																	
20. RESIDENCE—STREET AND NUMBER OR LOCATION <b>17440 BURBANK BL # 105</b>																					
21. CITY <b>ENCINO</b>			22. COUNTY <b>LOS ANGELES</b>			23. ZIP CODE <b>91316</b>		24. YRS IN COUNTY <b>74</b>		25. STATE OR FOREIGN COUNTRY <b>CA</b>											
26. NAME, RELATIONSHIP <b>VERA BELIO, WIFE</b>						27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) <b>17440 BURBANK BL #105, ENCINO, CA 91316</b>															
28. NAME OF SURVIVING SPOUSE—FIRST <b>VERA</b>			29. MIDDLE <b>-</b>			30. LAST (MAIDEN NAME) <b>PETERSON</b>															
31. NAME OF FATHER—FIRST <b>FLORINE</b>			32. MIDDLE <b>-</b>			33. LAST <b>BELIO</b>			34. BIRTH STATE <b>SPAIN</b>												
35. NAME OF MOTHER—FIRST <b>MARIE</b>			36. MIDDLE <b>-</b>			37. LAST (MAIDEN) <b>ALLUE</b>			38. BIRTH STATE <b>SPAIN</b>												
39. DATE MM/DD/CCYY <b>08/31/1995</b>		40. PLACE OF FINAL DISPOSITION <b>FOREST LAWN MEMORIAL PARK, LOS ANGELES, CA 90068</b>																			
41. TYPE OF DISPOSITION(S) <b>BURIAL</b>				42. SIGNATURE OF EMBALMER <i>Jerome White</i>				43. LICENSE NO. <b>6882</b>													
44. NAME OF FUNERAL DIRECTOR <b>FOREST LAWN HOLLYWOOD HILLS</b>				45. LICENSE NO. <b>F 904</b>		46. SIGNATURE OF LOCAL REGISTRAR <i>Robert S. Harte</i>		47. DATE MM/DD/CCYY <b>08/31/1995</b>													
101. PLACE OF DEATH <b>TARZANA MED CTR</b>		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DOA			103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> CONV. HOSP. <input type="checkbox"/> RES. <input type="checkbox"/> OTHER			104. COUNTY <b>LOS ANGELES</b>													
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>18321 CLARK ST</b>							106. CITY <b>TARZANA</b>														
107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)										TIME INTERVAL BETWEEN ONSET AND DEATH		108. DEATH REPORTED TO CORONER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFERRAL NUMBER									
IMMEDIATE CAUSE (A) <b>Acute cardiogenic shock</b>										1 hour											
DUE TO (B) <b>Acute myocardial infarction</b>										2 hours		109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
DUE TO (C) <b>Atherosclerotic coronary Heart Disease</b>										7 Years		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
DUE TO (D)												111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input type="checkbox"/> NO									
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 <b>Prostate carcinoma. Hypertension.</b>																					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. <b>No</b>																					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY <b>09/03/1983</b> DECEDENT LAST SEEN ALIVE MM/DD/CCYY <b>08/19/1995</b>				115. SIGNATURE AND TITLE OF CERTIFIER <i>Joseph Marx M.D.</i>				116. LICENSE NO. <b>A12537</b>		117. DATE MM/DD/CCYY <b>08/28/1995</b>											
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS + ZIP <b>JOSEPH MARX, M.D., 16542 VENTURA BL, ENCINO, CA 91436</b>				120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY		122. HOUR		123. PLACE OF INJURY											
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED				124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)																	
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY AND ZIP CODE)																					
126. SIGNATURE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>						127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER													
STATE REGISTRAR		A		B		C		D		E		F		G		H		FAX AUTH. # <b>273/7148</b>		CENSUS TRACT	

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.



**AUG 31 1995**

**74**

Director of Health Services and Registrar

**0421058**

**BK0997PG1114**

All that certain lot, piece or parcel of land situate in the County of Douglas, State of Nevada, described as follows:

Lot 6, of VALLEY VIEW SUBDIVISION UNIT NO. 2, according to the map thereof, filed in the office of the County Recorder of Douglas County, Nevada, on April 6, 1964, as File No. 24786.

APN 13-071-01

COPY

REQUESTED BY  
**WESTERN TITLE COMPANY, INC.**  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'97 SEP -5 P12:43

0421058  
BK0997PG1115

LINDA SLATER  
RECORDER  
\$ 9.00 PAID ks DEPUTY