

When Recorded Mail To:

The Estate of Walter J. Ryan  
c/o Laura L. Clark  
Post Office Box 792  
Gardnerville, Nevada 89410

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA        )  
                                      : SS  
COUNTY OF DOUGLAS    )

LAURA LEE CLARK, being first duly sworn, deposes and says:

That she is over the age of 21 years and competent to be a witness to the matters hereinafter set forth.

That the affiant is the Executrix of the Last Will and Testament of WALTER JOSEPH RYAN, deceased, and a certified copy of her Letters Testamentary is attached hereto as "Exhibit A". That WALTER JOSEPH RYAN is the same person named as WALTER J. RYAN, joint tenant, one of the two grantees on that certain Quitclaim Deed recorded in the Office of the County Recorder of Douglas County, State of Nevada, on the 23rd day, of January, 1986, in Book 186, Page 1790, being document number 129809, wherein WALTER J. RYAN and FLORENCE E. RYAN, husband and wife, as joint tenants, were named as grantees to all that real property located in Douglas County, Nevada, described as follows:

Lot 3 in Block A, as shown on the map of BELARRA SUBDIVISION UNIT NO. 2-B, filed for record in the County Recorder of Douglas County, State of Nevada, on January 11, 1978, as Instrument No. 16600.

A.P.N. 25-452-13

That FLORENCE E. RYAN was one of the grantees named in said Quitclaim Deed and

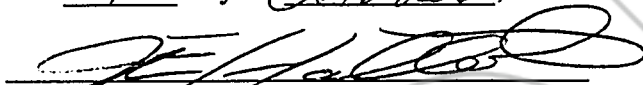
was the identical person named as FLORENCE EDNA RYAN, the decedent, in that Death Certificate, a certified copy of which is annexed hereto as "Exhibit B" and made a part hereof, as if set forth in full, verbatim.

That WALTER JOSEPH RYAN was the surviving spouse of said decedent and that said decedent died on the 8th day of July, 1997.

That your affiant makes this affidavit under penalty of perjury in accordance with the laws of the State of Nevada.

  
LAURA LEE CLARK

SUBSCRIBED AND SWORN to before me  
this 9 day of October, 1997.

  
Notary Public



OCT 09 1997 IN THE NINTH JUDICIAL DISTRICT COURT

OF THE STATE OF NEVADA, IN AND FOR THE COUNTY OF DOUGLAS

DISTRICT COURT CLERK

IN THE MATTER OF THE ESTATE OF  
WALTER JOSEPH RYAN, also known as

WALTER J. RYAN,

Deceased.

No. 97-PB-0101

Dept. No. 1

97 OCT -9 12:31

*J. Thaler*

STATE OF NEVADA  
COUNTY OF DOUGLAS

} ss.

LETTERS TESTAMENTARY

The last will of WALTER JOSEPH RYAN, Deceased, having been duly admitted to probate in our said Court, LAURA LEE CLARK who is named therein, was, by our said Court, on the 7th day of October, 1997, duly appointed executrix, who having qualified as such is hereby authorized to act by virtue thereof.

In testimony whereof, I have officially signed these letters and affixed hereto the Seal of Said Court, this 9th day of October, A.D. 1997.

By order of the Court.  
*Barbara Seed*, Clerk.  
By J. Thaler, Deputy.

OFFICIAL OATH

STATE OF NEVADA,  
County of Douglas,

} ss.

I, LAURA LEE CLARK, do solemnly swear that I will support, protect and defend the constitution and government of the United States, and the constitution and government of the State of Nevada, against all enemies, whether domestic or foreign, and that I will bear true faith, allegiance and loyalty to the same, any ordinance, resolution or law of any state notwithstanding, and that I will well and faithfully perform all the duties of the office of executrix

on which I am about to enter; so help me God.

Subscribed and sworn to before me this 9 day of

October

A. D. 1997

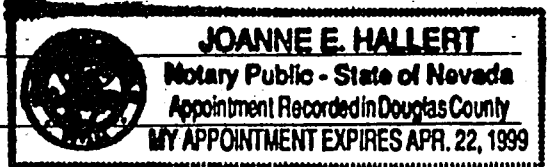
*J. E. Hallert*

~~Clerk~~ Clerk.

Notary Public

By \_\_\_\_\_, Deputy.

*Laura Lee Clark*  
LAURA LEE CLARK



0423935

Recorded in Probate Record Book \_\_\_\_\_ Page \_\_\_\_\_

BK 1097 PG 2561

EXHIBIT

Deputy.

**CERTIFIED COPY**

The document to which this certificate is attached is a full, true and correct copy of the original on file and of record in my office.

DATE: 10/10/97 **SEAL**  
Clerk of the 9th Judicial District Court  
of the State of Nevada, In and for the County of Douglas,

By [Signature] Deputy

EXHIBIT

0423935  
BK 1097PG2562

# STATE OF NEVADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH

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

	LOCAL FILE NUMBER		STATE FILE NUMBER
TYPE OR PRINT IN PERMANENT BLACK INK	1. DECEASED—NAME First Middle Last <b>Florence Edna RYAN</b>		2. DATE OF DEATH (Month, Day, Year) <b>July 8, 1997</b>
	3. CITY, TOWN, OR LOCATION OF DEATH <b>Carson City</b>		3a. COUNTY OF DEATH <b>Carson City</b>
DECEDENT	3b. <b>Carson City</b>		3c. <b>Sierra Convalescent Center</b>
	4. RACE—(e.g., White, Black, American Indian, etc) (Specify) <b>White</b>		5. SEX <b>Female</b>
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes, <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7. DATE OF BIRTH (Mo., Day, Yr.) <b>March 25, 1917</b>
	8. AGE—Last Birthday (Years) <b>7a. 80</b>		9. UNDER 1 YEAR MOS : DAYS <b>7b. :</b>
PARENTS	9a. STATE OF BIRTH (If not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
	10. Decedent's Education. Specify highest grade completed. <b>10. 12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>11. Married</b>
DISPOSITION	12. SURVIVING SPOUSE (If wife, give maiden name) <b>12. Walter J Ryan</b>		13. SOCIAL SECURITY NUMBER <b>9916</b>
	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>14a. Homemaker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>14b. Own Home</b>
CERTIFIER	15a. RESIDENCE—STATE <b>Nevada</b>		15b. COUNTY <b>Carson City</b>
	15c. CITY, TOWN, OR LOCATION <b>Carson City</b>		15d. STREET AND NUMBER <b>201 Koontz Lane</b>
CAUSE OF DEATH:	16. FATHER—NAME First Middle Last <b>Roy W Dodd</b>		17. MOTHER—MAIDEN NAME First Middle Last <b>Georgia Christman</b>
	18a. INFORMANT—NAME (Type or Print) <b>Laura Lee Clark-Daughter</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>656 Stonestrow, Gardnerville, Nevada 89410</b>
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>19a. Cremation</b>		19b. CEMETERY OR CREMATORY—NAME <b>19b. FitzHenry's Crematory</b>
	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Walter J Ryan</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>126</b>
CAUSE OF DEATH:	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>Dr. David S Hoskins</i>		21c. HOUR OF DEATH <b>1630</b>
	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>Dr. David S Hoskins</i>		22c. HOUR OF DEATH <b>1630</b>
CAUSE OF DEATH:	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) <b>Dr. David S Hoskins, 1190 High School St, Minden, Nv 89423</b>		23b. LICENSE NUMBER <b>4628</b>
	24a. REGISTRAR (Signature) <i>Christine Kane</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>7-10-1997</b>
CAUSE OF DEATH:	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Acute Cardiovascular Collapse</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	(b) <b>Dehydration and Inanition</b>		
CAUSE OF DEATH:	(c) <b>Progressive Dementia</b>		
	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>CHE, ASHD, COPD, HTN, Hypothyroid</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>
CAUSE OF DEATH:	28a. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) <b>28a.</b>		28b. DATE OF INJURY (Mo., Day, Yr.) <b>28b.</b>
	28c. HOUR OF INJURY <b>28c. M</b>		28d. DESCRIBE HOW INJURY OCCURRED <b>28d.</b>
CAUSE OF DEATH:	28e. INJURY AT WORK (Specify Yes or No) <b>28e.</b>		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>28f.</b>
	28g. LOCATION <b>28g.</b>		28h. STREET OR R.F.D. No. CITY OR TOWN STATE <b>28h.</b>

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STATE REGISTRAR **No. 116230**



EXHIBIT  
B

*Sybil Sylvia*

This is to certify that the above is a true and correct copy of the certificate on file in this office.  
Date Issued: **AUG 21 1997**

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

COPY

REQUESTED BY  
James O'Reilly  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'97 OCT 14 A10:54

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LINDA SLATER  
RECORDER  
\$ 12 PAID to DEPUTY