

9

*this affidavit is being recorded to correct Block*

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

I, Richard Earl Dines, the Affiant,  
being of legal age, and being first duly sworn, deposes and says:

That Margaret Rae Dines, the decedent  
(Deceased Name as shown on Death Certificate)

mentioned in the attached certified copy Certificate of Death, is the same person as Margaret Rae Dines  
(Deceased Name as shown on Deed)

named as one of the parties in that certain Quit Claim Deed  
(Type of Document)

dated on the 1st day of April, 19 92, and executed by Richard Earl Dines and Margaret Dines, known as "Grantor(s)"

to The Richard Earl Dines and Margaret Rae Dines Revocable Living Trust, known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 269354, on the

22 day of Jan, 19 92, in book 192, of Official Records of Douglas County, Nevada, covering the following described property situated in the City of

Wellington, County of Douglas, State of Nevada.  
(Set forth legal description and commonly known street address, if known)

Lot 2 in Block S as shown on Map of Topaz Ranch Estates Unit No. 4, filed for record in the Office of the County Recorder of Douglas County, State of Nevada, on November 16, 1970, in Book 1 of Maps, Page 224, as Document No. 50212

ASSESSOR'S PARCEL NO. (APN#) 37-385-02

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 \$ 110,000

In Witness Whereof, I/We have hereunto set my hand/our hands this 27th day of January, 1998

*Richard Earl Dines*  
(Signature)

Richard Earl Dines  
(Print or type name here)

(Signature)

(Print or type name here)

STATE OF NEVADA }  
COUNTY OF }  
}

On this 27th day of JANUARY, 1998  
personally appeared before me, a Notary Public

RICHARD EARL DINES

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

*Leslee G. Leverett*  
(Notary Public)

**LESLEE G. LEVERETT**  
Notary Public - State of Nevada  
Appointment Recorded in Washoe County  
MY APPOINTMENT EXPIRES APR. 1, 1999  
(Notary Stamp)

Nevada Legal Forms, Inc. (702) 870-8977 • Affidavit-Death of Joint Tenant • AFF 111 G  
C 1991 • rv 930512 • 14 • 20 pk CAUTION: If the ink on this form is BROWN it is an original.  
Material may not be reproduced in whole or in part in any form whatsoever.  
Consult an attorney if you doubt this forms fitness for your purpose.

RECORDING REQUESTED BY AND MAIL TO  
NAME Richard Dines  
ADDRESS 1400 SANDSTONE DR.  
CITY/ST/ZIP Wellington, NV 89444  
If applicable mail tax statements to

NAME  
ADDRESS  
CITY/ST/ZIP

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

0431361  
BK0198PG4211

0432327  
BK0298PG1569

# 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

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER								
DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)			COUNTY OF DEATH					
1. Margaret Rae DINES			2. November 10, 1996			3a. Carson City					
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. Carson city			3c. Carson Tahoe Hospital			3e. Inpatient			4. Female		
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)		UNDER 1 YEAR MOS : DAYS		UNDER 1 DAY HOURS : MINS		DATE OF BIRTH (Mo., Day, Yr.)	
5. white		6.		7a. 53		7b. :		7c. :		8. July 8, 1943	
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)		SURVIVING SPOUSE (If wife, give maiden name)			
9a. Idaho		9b. USA		10. 12		11. Married		12. Richard			
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)			KIND OF BUSINESS OR INDUSTRY					
13. ██████████ 1561			14a. Home Maker			14b. Own Home					
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)			
15a. Nevada		15b. Lyon		15c. Wellington		15d. 1400 Sandstone		15e. No			
FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last								
16. Blaine Squires			17. Dora Bybee								
INFORMANT—NAME (Type or Print)				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)							
18a. Richard Dines - Husband				18b. 1400 Sandstone Wellington, NV 89444							
BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME			LOCATION City or Town State					
19a. Burial			19b. Eastside Memorial Park			19c. Minden, Nevada					
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)			FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY						
20a. <i>[Signature]</i>			20b. 126		20c. 155 Hwy 395 Minden, NV 89423						
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.			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>			(Signature and Title) <i>[Signature]</i>								
DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH			DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH		
21b. Nov. 11, 1996			21c. 1300			22b.			22c.		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			21d.			PRONOUNCED DEAD (Mo., Day, Yr.)			PRONOUNCED DEAD (Hour)		
21d.			22d. ON			22e. AT			22f.		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)						LICENSE NUMBER					
23a. Dr. Richard Yamamoto 604 W. Washington, Carson city, NV 89703						23b. 5778					
REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			DEATH DUE TO COMMUNICABLE DISEASE					
24a. (Signature) <i>[Signature]</i>			24b. November 12, 1996			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) <i>Septic fracture</i>											
DUE TO, OR AS A CONSEQUENCE OF:											
Interval between onset and death											
(b) <i>Chronic alcoholism</i>											
DUE TO, OR AS A CONSEQUENCE OF:											
Interval between onset and death											
(c)											
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.						AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
						26. No		27. No			
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

No. 103518

*[Signature]*

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

Date Issued: NOV 12 1996

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BK 298 PG 1570

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0432327

REQUESTED BY  
Richard Dines  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'98 FEB 10 AM 11:33

LINDA SLATER  
RECORDER

\$ 9.00 PAID K2 DEPUTY

0431361

BK0198PG4213

REQUESTED BY  
Richard Dines  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'98 JAN 28 AM 9:54

LINDA SLATER  
RECORDER

\$ 9.00 PAID K2 DEPUTY

COPY