

RECORDED AT THE REQUEST OF:
HERMAN G. HERBIG, ESQ.

APN 1320-29-212-011

WHEN RECORDED, MAIL TO:
✓ HERMAN G. HERBIG, ESQ.
504 MULLER LANE
MINDEN, NEVADA 89423

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA, DOUGLAS COUNTY: ss.

FRANCES S. MATYE, having first been duly sworn, deposes and says that she is over the age of twenty-one (21) years and is competent to testify to the matters hereinafter stated.

1. Affiant is the surviving daughter of ALBERTA E. GIVEN BROWN, Deceased.
2. Affiant is the person named as one of the Grantees in that certain deed recorded in the Office of the County Recorder of Douglas County, State of Nevada on August 12, 1991 in Book 891, at Page 1962 as Document No. 257683.
3. The real property subject to joint tenancy with right of survivorship is located in Douglas County, State of Nevada and is more particularly described as follows:

Lot 128 of Block AD of WINHAVEN UNIT NO. 1, a Planned Unit Development as shown on the map thereof filed in the office of the County Recorder of Douglas County, State of Nevada on January 13, 1989 as Document No. 194373.

4. The Decedent, ALBERTA S. GIVENS BROWN, died on August 17, 1998 in Douglas County, Nevada. A true copy of the Certificate of Death is attached hereto and made a part hereof.
5. Affiant swears under the penalty of perjury that the statements contained in this affidavit are true.

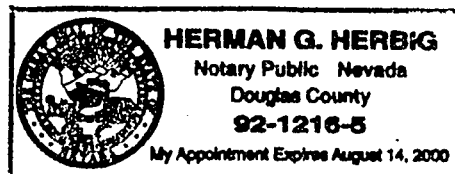
FURTHER YOUR AFFIANT SAYETH NAUGHT.

DATED: 8/31/98

Frances S. Matye
FRANCES S. MATYE

SUBSCRIBED AND SWORN
before me on August 31, 1998.

Herman G. Herbig
NOTARY PUBLIC



0448357
BK 0898 PG 6693

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

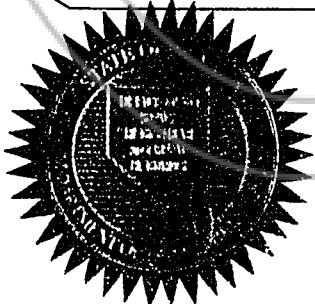
DISPOSITION

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)		
1. Alberta Given BROWN			2. August 17, 1998		
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		
3b. Minden			3c. 1640 East Valley Road		
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.		
5. White			6.		
AGE—Last Birthday (Years)			UNDER 1 YEAR		UNDER 1 DAY
7a. 80			MOS : DAYS		HOURS : MINS
DATE OF BIRTH (Mo., Day, Yr.)			DATE OF BIRTH (Mo., Day, Yr.)		
8. October 27, 1917			9. Female		
STATE OF BIRTH (If not U.S.A., name country)			CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.
9a. Missouri			9b. U.S.A.		10. 12
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY
13. [REDACTED] 1972			14a. Sales Manager		14b. Clothing Department Retail
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER
15a. Nevada		15b. Douglas	15c. Minden		15d. East Valley Road
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		INSIDE CITY LIMITS (Specify Yes or No)	
16. Alvin Acey Kenagy		17. Anna Mae Schrock		15e. Yes	
INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
18a. Frances Sharlene Matye			18b. 1028 Wisteria Drive, Minden, Nevada 89423		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME		LOCATION City or Town State
19a. Burial/Removal			19b. Forest Lawn Memorial Park		19c. Los Angeles, California
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)			FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY
20a. [Signature]			20b. 50		20c. 1478 Fourth Street, Minden, Nevada 89423
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)			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)		
DATE SIGNED (Mo., Day, Yr.)			HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)
21b. 8/17/98			21c. 0100		22b. [REDACTED]
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)
21d. [REDACTED]			22d. ON		22e. AT
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)					LICENSE NUMBER
23a. Dr. C. Forman, 604 W. Washington St., Carson City, Nevada 89703					23b. 5528
REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE
24a. [Signature]			24b. August 18, 1998		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) <u>cardiovascular arrest</u>			Interval between onset and death: <u>minutes</u>		
(b) <u>cardiomyopathy / congestive heart failure</u>			Interval between onset and death: <u>years</u>		
(c) <u>coronary artery disease</u>			Interval between onset and death: <u>years</u>		
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)
26. No					27. WAS CASE REFERRED TO CORONER (Specify Yes or No)
27. Yes					
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. 135654

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

Yvonne Sylva

Date Issued: AUG 18 1998 0448357

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

BK898 PG 6694

COPY

REQUESTED BY
Herman Herbig

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'98 AUG 31 AIO :45

0448357

BK0898PG6695

LINDA SLATER
RECORDER
\$ 9.00 PAID KJ DEPUTY