

✓ James O'Reilly
1463 Hwy 395 N Ste 102
Gardnerville NV 89410

When Recorded Mail To:

Mr. Cicero R. Mullen
1352 Judy Street
Minden, Nevada 89423

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
 : ss
COUNTY OF DOUGLAS)

CICERO R. MULLEN, being first duly sworn, deposes and says:

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

That the Affiant is the person named as CICERO R. MULLEN, joint tenant, one of the grantees of that certain Grant, Bargain, Sale Deed recorded in the Office of the County Recorder of Douglas County, State of Nevada, on the 14th day of July, 1987, in Book 787, Page 1588, Instrument Number 158146, wherein CICERO R. MULLEN and SUSIE LOUISE MULLEN, husband and wife, as joint tenants with right of survivorship, were named as grantees to all that real property described as follows:

Lot 42, as shown on the Official Map of IDLE ACRES SUBDIVISION, filed in the office of the County Recorder of Douglas County, Nevada, on April 5, 1960, in Book 01, Page 65, as File No. 15812.

A.P.N. 21-131-25.

That SUSIE LOUISE MULLEN was one of the grantees named in said Grant, Bargain, Sale Deed, and was the identical person named as SUSIE LOUISE MULLEN, the decedent, in that Death Certificate, a certified copy of which is annexed hereto as "Exhibit A" and made a part hereof, as if set forth in full, verbatim.

0462354

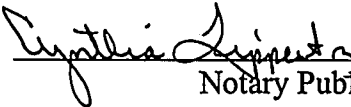
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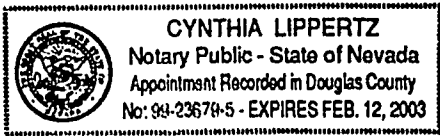
That your Affiant is the surviving spouse of said decedent, and that said decedent died on the 27th day of August, 1998.

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


CICERO R. MULLEN

SUBSCRIBED AND SWORN to before me
this 25th day of February, 1999.


Notary Public



0462354

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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		STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last Susie Louise MULLEN		2. DATE OF DEATH (Month, Day, Year) August 27, 1998	
3b. MINDEN		3a. COUNTY OF DEATH Douglas	
3c. 1352 Judy Street		4. Female	
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
7a. AGE—Last Birthday (Years) 78		7b. UNDER 1 YEAR MOS : DAYS	
7c. UNDER 1 DAY HOURS : MINS		8. DATE OF BIRTH (Mo., Day, Yr.) March 11, 1920	
9a. STATE OF BIRTH (If not U.S.A., name country) Oklahoma		9b. CITIZEN OF WHAT COUNTRY U.S.A.	
10. Decedent's Education. Specify highest grade completed. 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
12. SURVIVING SPOUSE (If wife, give maiden name) Cicero Rhyme Mullen			
13. SOCIAL SECURITY NUMBER ██████████ 6569		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Real Estate Agent	
14b. KIND OF BUSINESS OR INDUSTRY Real Estate			
15a. RESIDENCE—STATE Nevada		15b. COUNTY Douglas	
15c. CITY, TOWN, OR LOCATION Minden		15d. STREET AND NUMBER 1352 Judy St.	
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER—NAME First Middle Last Alzy N. Brown		17. MOTHER—MAIDEN NAME First Middle Last Mira Heal	
18a. INFORMANT—NAME (Type or Print) Cicero Mullen		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1352 Judy St., Minden, Nevada 89423	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY—NAME Eastside Memorial Park	
19c. LOCATION City or Town State Minden, Nevada			
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 217	
20c. NAME AND ADDRESS OF FACILITY Home, 1380 Hwy 395, Gardnerville, Nevada 89410			
21a. To be completed by CERTIFYING PHYSICIAN 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>		22a. To be completed by CORONER'S OFFICE 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>	
21b. DATE SIGNED (Mo., Day, Yr.) 8/31/98		22b. DATE SIGNED (Mo., Day, Yr.)	
21c. HOUR OF DEATH 0955		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. ON	
21e. AT		22e. AT	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) John P. Kelly, M.D., 550 W. Washington, Carson City, Nevada		23b. LICENSE NUMBER 6376	
24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 9-1-1998	
24c. DEATH DUE TO COMMUNICABLE DISEASE 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) Breast Cancer DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death: 18 months			
(b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death:			
(c) DUE TO, OR AS A CONSEQUENCE OF: 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.		26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			
28a. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		28b. DATE OF INJURY (Mo., Day, Yr.)	
28c. HOUR OF INJURY M		28d. DESCRIBE HOW INJURY OCCURRED	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28g. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE			

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



STATE REGISTRAR

No. 135537

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

[Signature]

Date Issued: SEP 01 1998 - .0462354 State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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

'99 MAR -1 P2:18

0462354

BK0399PG0393

LINDA SLATER
RECORDER
\$10 PAID DEPUTY