

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

I, Dave T. and Linda L. Mercurio, the Affiant,  
being of legal age, and being first duly sworn, deposes and says:

That Marjorie Storgard, the decedent  
(Deceased Name as shown on Death Certificate)

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

named as one of the parties in that certain deed of Trust Grant, Bargain, Sale Deed  
(Type of Document)

dated on the 5th 28th day of June Sept., 19 85 88, and executed by

Ray L. Addine and Kathleen D. Addine, known as "Grantor(s)"  
to Dave T. Mercurio and Margorie Mercurio known

as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 187417 on the

23rd 29th day of August Sept., 19 88 89, in book 889 988 pg 4357 4358 of Official

Records of Douglas County, Nevada, covering the following described property situated in the City of

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

see Exhibit "A"

ASSESSOR'S PARCEL NO. (APN#) 29-512-07

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 \$ 120,000.00

In Witness Whereof, I/We have hereunto set my hand/our hands this 23rd day of June, 19 95

(Signature) Dave T. Mercurio  
Dave T. Mercurio  
(Print or type name here)

(Signature) Linda L. Mercurio  
Linda L. Mercurio  
(Print or type name here)

STATE OF NEVADA }  
COUNTY OF Douglas }  
On this 23rd day of June, 19 95  
personally appeared before me, a Notary Public  
Dave T. Mercurio and  
Linda L. Mercurio

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

Virginia B. Eugene  
(Notary Public)

(Notary Stamp)

RECORDING REQUESTED BY AND MAIL TO  
NAME ...  
CITY/ST/ZIP Gardnerville, NV, 89410

If applicable mail tax statements to

NAME  
ADDRESS  
CITY/ST/ZIP

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

364780

0462389

BK0399PG0478

BK0695PG4110

**CERTIFICATION STATEMENT**

This is to certify, that this is a true and correct copy of the vital statistics record which is on file in this office.

Curtiss E. Weidmer, M.D.

*Curtiss E. Weidmer* Deputy Registrar  
 Registrar of Vital Statistics **JUL 30 1993**  
 El Dorado County, California Date

**CERTIFICATE OF DEATH** 03-93 09 000393  
 STATE OF CALIFORNIA  
 USE BLACK INK ONLY LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER	1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2A. DATE OF DEATH—MO, DAY, YR	2B. HOUR	3. SEX
	MARJORIE		STORGARD	07/18/1993	1522	F
DECEDENT PERSONAL DATA	4. RACE	5. HISPANIC—SPECIFY	6. DATE OF BIRTH—MO, DAY, YR	7. AGE IN YEARS	IF UNDER 1 YEAR	IF UNDER 24 HOURS
	White	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	06/09/1909	84	MONTHS	DAYS
	8. STATE OF BIRTH	9. CITIZEN OF WHAT COUNTRY	10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
	CA	U.S.A.	Thomas Leggett	LA	Dora Fahey	LA
12. MILITARY SERVICE	13. SOCIAL SECURITY NO.	14. MARITAL STATUS	15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)	16. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED	
19 ___ TO 19 ___ <input checked="" type="checkbox"/> NONE	██████████-0154	Widowed		25	11	
16A. USUAL OCCUPATION	16B. USUAL KIND OF BUSINESS OR INDUSTRY	16C. USUAL EMPLOYER	16D. YEARS IN OCCUPATION	17. EDUCATION—YEARS COMPLETED		
Homemaker	Own Home	Self-Employed				
USUAL RESIDENCE	18A. RESIDENCE—STREET AND NUMBER OR LOCATION	18B. CITY	18C. ZIP CODE			
	651 Mustang Ln	Gardnerville	89423			
18D. COUNTY	18E. NUMBER OF YEARS IN THIS COUNTY	18F. STATE OR FOREIGN COUNTRY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT			
Douglas	8	Nevada	David T. Mercurio - Son			
PLACE OF DEATH	19A. PLACE OF DEATH	19B. IF HOSPITAL, SPECIFY ONE: IP, ER/OP, DOA	19C. COUNTY	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT		
	Barton Memorial Hospital	IP	El Dorado	P.O. Box 2457 Minden, NV 89423		
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION	19E. CITY	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	22. WAS DEATH REPORTED TO CORONER REFERRAL NUMBER	23. WAS BIOPSY PERFORMED		
4th and South Ave.	So. Lake Tahoe	(A) CARDIOPULMONARY ARREST	5 Min.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	24. WAS AUTOPSY PERFORMED	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	24B. WAS IT USED IN DETERMINING CAUSE OF DEATH	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21	25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21	25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21	25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21	25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21	26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25. IF YES, LIST TYPE OF OPERATION AND DATE.	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21	25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21	25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21	25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21	25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21	NO	
PHYSICIAN'S CERTIFICATION	I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER	27C. CERTIFIER'S LICENSE NUMBER	27D. DATE SIGNED		
		<i>Daniel A. Norman</i>	G31028	07/20/1993		
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR	DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR	27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS				
05/23/1993	07/18/1993	Daniel A. Norman, MD, P.O. Box 18300, So. Lake Tahoe, CA 96151				
CORONER'S USE ONLY	I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.	28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER	28B. DATE SIGNED			
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined	30A. PLACE OF INJURY	30B. INJURY AT WORK	30C. DATE OF INJURY	31. HOUR		
		<input type="checkbox"/> YES <input type="checkbox"/> NO				
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)	33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
FUNERAL DIRECTOR AND LOCAL REGISTRAR	34A. DISPOSITION(S)	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS	34C. DATE MO, DAY, YR.	35A. SIGNATURE OF EMBALMER	35B. LICENSE NO.	
	CR/BU	Holy Cross Cemetery Colma, CA	07/21/1993	Not Embalmed	None	
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	36B. LICENSE NO.	37. SIGNATURE OF LOCAL REGISTRAR	38. REGISTRATION DATE			
McFarlane Mortuary	0462389 FD-1180	<i>Curtiss E. Weidmer</i>	07/20/1993, M.C.			
STATE REGISTRAR	A.	B.	C.	D.		
	BK0399PG0479	364780	BK0695PG4111	CENSUS TRACT		

EXHIBIT "A"

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

Being a portion of the Southeast 1/4 of Section 24, Township 12 North, Range 20 East, M.D.B. & M., and further being a portion of Lot 1, as shown on the AMENDED PLAT OF RUENSTROTH RANCHOS SUBDIVISION, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 11, 1976, as Document No. 88873, more particularly described as follows, to-wit:

BEGINNING at a point which is the Northwest corner of Lot 1, as shown on the AMENDED PLAT OF RUENSTROTH RANCHOS SUBDIVISION, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 11, 1976, as Document No. 88873, Official Records; thence East along the North line of said Lot 1, a distance of 286.10 feet to the Northeast corner of the parcel; thence South, a distance of 152.25 feet to the Southeast corner of the parcel; thence West, a distance of 286.10 feet to the Southwest corner of the parcel and further said corner being the West line of said Lot 1; thence North along the West line of said Lot 1, a distance of 152.25 feet to the POINT OF BEGINNING.

Said land more fully shown as Parcel A, as set forth on that certain Parcel Map, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 14, 1977, as Document No. 07529.

A.P.N. 29-512-07

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REQUESTED BY  
*Dave & Linda Mercurio*  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

'95 JUN 23 P4:41

LINDA SLATER  
RECORDER  
\$ *9.00* PAID *K2* DEPUTY

0462389

364780

BK0399PG0480

BK0695PG4112

COPY

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

'99 MAR -1 P4:00

0462389  
BK0399PG0481

LINDA SLATER  
RECORDER  
\$10<sup>00</sup> PAID 2 DEPUTY