Affidabit-Termination of Joint Tenancy (Death of a Joint Tenant)

| I. LORENAV. JobIN | , the Affiant, | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| being of legal age, and being first duly sworn, deposes and says: | | | | | | | | |
| That Richard Robert Tobin Ir | , the decedent | | | | | | | |
| (Deceased Name as shown on Death Certificate) mentioned in the attached certified copy Certificate of Death, is the same person as <u>Pichard Robert Tobin Jr</u> | | | | | | | | |
| (Deceased Name as shown on Deed) | | | | | | | | |
| named as one of the parties in that certain Grant, Bangain, Sake Deed (Type of Document) | | | | | | | | |
| dated on the 23 day of Tune | , 19 <u>99</u> , and executed by | | | | | | | |
| Charles L. McGranaghan And Mar | TY T. MEGNANAG HAN, known as "Grantor(s)" | | | | | | | |
| | prena V. JobiN, known | | | | | | | |
| as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. | | | | | | | | |
| | 19 90 , in book 590 , of Official | | | | | | | |
| | covering the following described property situated in the City of | | | | | | | |
| (Set forth legal description and commonly known street address, if known) | AS , State of Nevada. | | | | | | | |
| LOT 58 IN Block D, AS Show NON | the OFFICIAL Map of Mission Hot d in the OFFICE of the County Recorder of 1987 in Book 787, Page ool, As | | | | | | | |
| Springs Unit No. 1 Filed For recor | of IN the Office of The Court As | | | | | | | |
| of Douglas County Nevada, on Jul | X), 1987, IN BOOK 787, PAGE OOL, AS | | | | | | | |
| Document No. 157492 | | | | | | | | |
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| | | | | | | | | |
| ASSESSOR'S PARCEL NO. (APN#) 21-043-12 | | | | | | | | |
| | | | | | | | | |
| That value of all real property owned by decedent at date of death, income the sum of \$ | luding the full value of the property above described, did not exceed | | | | | | | |
| | 23 day of Tube 1999 | | | | | | | |
| in wishest wholest, if we have heleande set in handout hands this | 23 day of <u>June</u> ,19 <u>99</u> | | | | | | | |
| Joseph V Joben | / / | | | | | | | |
| (Signature) | (Signature) | | | | | | | |
| (Print or type name here) | (Print or type name here) | | | | | | | |
| Time of type name notes | (x int of type name note) | | | | | | | |
| STATE OF NEVADA | RECORDING REQUESTED BY AND MAIL TO | | | | | | | |
| COUNTY OF DOUG / # 2 | NAME Loreng V. Tobin ADDRESS 2976 SAMA INCZ ST | | | | | | | |
| On this 23rd day of JUNE 1999 CITY/ST/ZIP MINDEN, NU 89423 | | | | | | | | |
| On this day of day of ,19 ,19 ,19 ,19 ,19 ,19 | , macca) . | | | | | | | |
| LOTENA D. TO DIW | | | | | | | | |
| | NAME ADDRESS | | | | | | | |
| personally known to me to be the person whose name(s) is subscribed | CITY/ST/ZIP | | | | | | | |
| to the above instrument who acknowledged that $\sqrt{2}$ he executed | CDACE DELOW THE LINE FOR RECORDERS HEL ONLY | | | | | | | |
| the instrument. | SPACE BELOW THIS LINE FOR RECORDERS USE ONLY | | | | | | | |
| - // Will clas Wlenner | | | | | | | | |
| (Notaly Public) | | | | | | | | |
| MARY ANN WENNER (Notary Stamp) | | | | | | | | |
| Notary Public - State of Nevada Appointment Recorded in Douglas County | | | | | | | | |
| No: 96-2412-5 - Expires May 15, 2009 | กน70930 | | | | | | | |

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.

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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

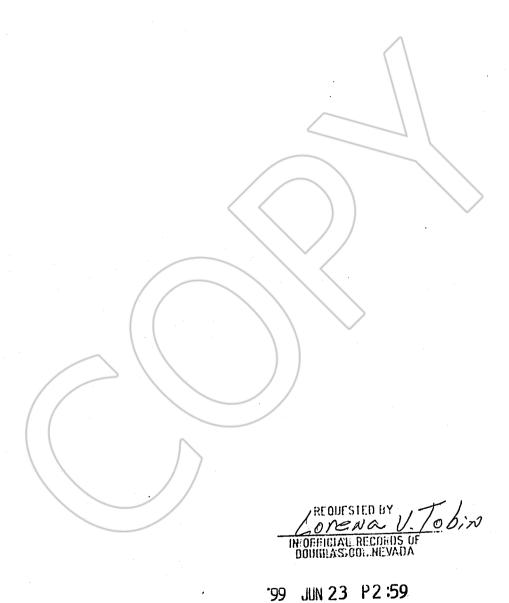
| COUNTING PRINAME First Modes Richard Robert TOBIN, JR. Richard Robert TOBIN, JR. Richard Robert TOBIN, JR. Richard Robert TOBIN, JR. June 18, 1999 B. Douglas ENERGY INK B. Minden | DECENSION FIRST STATE FERMINATE FERMINATE | 1 | | I | CERTIFICA | AIL OI DE | A111 | | | | |
|--|--|------------------------|--|---------------------------------|--|--|--|--|--|--|--|
| Richard Robert TOBIN, JR. 2 June 18, 1999 3. Douglas PERMANER BLACK INC. CHY, TOWN OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION—Name (if not enterly, the refers and number) FIRE ALL TO THE PROPERTY OF THE PROPERTY | DECEDENT 1. Richard Robert TOBIN, JR. 2 June 18, 1999 Minden 1. White 1. | TVDE | | Middle | | ast | DATE OF DEATH (Month. | | STATE FILE NUMBER COUNTY OF DEATH | | |
| DECEDENT Subsection Subsec | DECEMBER OFF. TOTAL CICATION OF BEATH TODGETAL CITY OFFINE A DESIGNATION THE PROBLEM DOCK, OFFINE A SEA Male | OR PRINT IN | Pichard | | | | | | Develos | | |
| PARENTS TRUE DEAL AMERICAN TRUE DEAL AMERICA | DECEDENT TOTAL THAT AMERICAN AMERICAN TOTAL THAT AMERICAN AMERICAN TOTAL THAT AMERICAN AMERICAN TOTAL THAT AMERICAN AMERICAN TOTAL THAT AMERICA | | CITY, TOWN OR LOCATION OF DEAT | f · | | (If not either, give str | reet and number) If Hos Rm. It | p. or Inst. indicate DOA npatient (Specify) | 1. | | |
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| DEPOSITION 10. Massachusetts so. U.S.A. 10. 12 Specify Married Talorena V. Fuller Talo | We Mass achusetts SD. U.S.A. 10. 12 Speech Married Valorial V. Fuller Speech Married Valorial V | DEGLOSSI | 5. White | HOURS MINS 7c. | 8 March 25, 1928 | | | | | | |
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| PARENTS 15a. Nevada 15b. Douglas 15c. Minden 15c. | TABLE MOVE AND THE PROPERTY OF | neowence items | | | CITY, TOWN, OR LO | CATION | STREET AND | NUMBER | | | |
| Richard Robert Tobin, Sr. 17. Rita Lemnox RFORMANT—NAME (Type or Print) 18. Lorena V. Tobin 19. FitzHenry's Cremation 19. FitzHenry's Crematory 19. Carson City or Town State 19. Carson City, Nevada 19. Carson City, Nevada 19. Carson City, Nevada 19. Carson City, Nevada 19. To Tob base of the produced of the counted of the classe(s) state 19. Carson City, Nevada 19. Carson | RECORDITIONS Richard Robert Tobin, Sr. 17. Rita Lennox NORMANI-NAME (Pripe or Prior) No. Care of the Control | └→ [| \ | | | JF | | | ez _{15e.} Yes | | |
| REFORMANT-NAME (Type or Print) 18a. Lorena V. Tobin 18b. 2976 Santa Inez, Minden, Nevada 89423 18b. 2976 Santa Inez, Minden, Nevada 89423 18b. 10canton V. Tobin 18b. 10c | INFORMANT—NAME (Type or Print) INFORMANT—NAME (Type or Print) | PARENTS | Distant | , | Approx. | and the same of th | The state of the s | Middle | N. N. | | |
| DISPOSITION DISPO | BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation 19b. FitzHenry's Crematory 19a. Carson City, Nevada 19b. FitzHenry's Crematory 19c. Carson City, Nevada 29b. Carson City, Nevada 29b. Carson City, Nevada 29b. Carson City, Nevada 29c. Carson City 29c. Carson Cit | | \ · | KODELC | | | 3, 1 | o., City or Town, State, | 76. 36 | | |
| DISPOSITION 19a. Cremation 19b. FitzHenry's Crematory 19c. Carson City, Nevada FINERAL DIRECTOR PROPERTY 19c. Carson City, Nevada FINERAL DIRECTOR 19c. Carson City, Nevada 20c. 70 20c. Reno Memorial, 253 E. Arroyo, Reno, Nevada 89502 21a. To the basic of thy knowledge, defin occurred at the line, date and place and due to the causely state. 22c. On the basic of examination and/or investigation, in my opinion death occurred at the line, date and place and due to the causely and manner stated. 22c. On the basic of examination and/or investigation, in my opinion death occurred at the line, date and place and due to the causely and manner stated. 22c. On the basic of examination and/or investigation, in my opinion death occurred at the line, date and place and due to the causely and manner stated. 22c. On the basic of examination and/or investigation, in my opinion death occurred at the line, date and place and due to the causely and manner stated. 22c. On the basic of examination and/or investigation, in my opinion death occurred at the line, date and place and due to the causely and manner stated. 22c. On the basic of examination and/or investigation, in my opinion death occurred at the line, date and place and due to the causely and manner stated. 22c. On the basic of examination and/or investigation, in my opinion death occurred at the line, date and place and due to the causely and | 19a. Cremation 19b. FitzHenry's Crematory 19c. Carson City, Nevada | | 1 | | | 1.7% | | | | | |
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| CERTIFIER CERTIFIER CONDITIONS WHICH GAVE RISE TO DEATH CAUSE OF CAUSE | CONDITIONS WHICH GOVE THE COLOR OF CONTROL O | | 20a. > / /// / /// | 20b. | 70 20c. R | eno Memor | ial, 253 E. | Arroyo, R | eno, Nevada 89502 | | |
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| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) LICENSE NUMBER 232. Robert McDonald, M.D., 710 W. Washington, Carson City, Nevada 23b. 6433 REGISTRAR PART DIAGRAM (No., Day, Yr.) LICENSE NUMBER 232. Robert McDonald, M.D., 710 W. Washington, Carson City, Nevada 23b. 6433 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE 24b. Lunc S. 1999 24c. YES NO NO NO NO NO NO NO N | NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Robert McDonald, M.D., 710 W. Washington, Carson City, Nevada 2ab. 6433 PART STATING AND STATE CAUSE (Signature) 24b. Lunc (S. (9.9.9) 24c. VESI NOTE 25t. IMMEDIATE CAUSE (Signature) 25t. IM | i | Signature and Title) | Not 100 | Jul, i | | (Signature and Title) | Vr.) HOUR | OF DEATH | | |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) LICENSE NUMBER 232. Robert McDonald, M.D., 710 W. Washington, Carson City, Nevada 23b. 6433 REGISTRAR PART AUXILIARY CAUSE OF DEATH OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify Yes or No) 24c. YES NO LICENSE NUMBER 23b. 6433 LICENSE NUMBER 23c. 6433 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE 15 INMEDIATE CAUSE (ENTER ONLY ONE DAUSE PERTLINE FOH (a), (b), AND (c).) LICENSE NUMBER 23c. 6433 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE 15 INMEDIATE CAUSE (ENTER ONLY ONE DAUSE PERTLINE FOH (a), (b), AND (c).) LICENSE NUMBER 23b. 6433 LICENSE NUMBER 24c. YES NO Interval between onset and death CAUSE OF DEATH OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY Yes or No) 26. No 27. Yes ACC., SUICIDE, HOM., UNDET., DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED | NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Print) 23a. Robert McDonald, M.D., 710 W. Washington, Carson City, Nevada 23b. 6433 PART STATING THE RIGHTER ONLY ONE DAILSE PER LINE FOR (b), (b), AND (c), (c) DUE TO, OR AS A CONSEQUENCE OF: (c) CAUSE OF DEATH CAUSE OF DEATH CAUSE CONSTRUCTION CONTITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY Yes or No) 28b. Very Control of the United Specify Yes or No) 27c. SUICIDE, HOM, UNDET. OSPENDING INVEST. 28b. Very Control of the United Specify (a), (b), AND (c), (c) DUE TO, OR AS A CONSEQUENCE OF: (c) CAUSE OF DEATH NO. 132772 STATE REGISTRAR NO. 132772 | | DATE SIGNED (Mo., Day, 1 | o/ // | The state of the s | Somple Der's | 22h. | 22c. | | | |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) LICENSE NUMBER 232. Robert McDonald, M.D., 710 W. Washington, Carson City, Nevada 23b. 6433 REGISTRAR PART AUXILIARY CAUSE OF DEATH OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY (Specify Yes or No) 24c. YES NO LICENSE NUMBER 23b. 6433 LICENSE NUMBER 23c. 6433 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE 15 INMEDIATE CAUSE (ENTER ONLY ONE DAUSE PERTLINE FOH (a), (b), AND (c).) LICENSE NUMBER 23c. 6433 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE 15 INMEDIATE CAUSE (ENTER ONLY ONE DAUSE PERTLINE FOH (a), (b), AND (c).) LICENSE NUMBER 23b. 6433 LICENSE NUMBER 24c. YES NO Interval between onset and death CAUSE OF DEATH OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY Yes or No) 26. No 27. Yes ACC., SUICIDE, HOM., UNDET., DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED | NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Print) 23a. Robert McDonald, M.D., 710 W. Washington, Carson City, Nevada 23b. 6433 PART STATING THE RIGHTER ONLY ONE DAILSE PER LINE FOR (b), (b), AND (c), (c) DUE TO, OR AS A CONSEQUENCE OF: (c) CAUSE OF DEATH CAUSE OF DEATH CAUSE CONSTRUCTION CONTITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. AUTOPSY Yes or No) 28b. Very Control of the United Specify Yes or No) 27c. SUICIDE, HOM, UNDET. OSPENDING INVEST. 28b. Very Control of the United Specify (a), (b), AND (c), (c) DUE TO, OR AS A CONSEQUENCE OF: (c) CAUSE OF DEATH NO. 132772 STATE REGISTRAR NO. 132772 | CERTIFIER | NAME OF ATTENDING PH | / 12101 | 75. | \$ g | PRONOUNCED DEAD (Mo | Day, Yr.) PRON | OUNCED DEAD (Hour) | | |
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| ACC., SUICIDE, HOM., UNDET., DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED | ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. INJURY AT WORK (Specify Yes or No) 28b. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 281. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28g. STATE REGISTRAR No. 27. Yes DESCRIBE HOW INJURY OCCURRED LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 28g. No. 132772 | CAUSE OF DEATH | ATUED CONTRACTOR | DITIONS Conditions contributing | g to death but not resulti | ng in the underlying | cause given in Part 1. AUT | Yes or No) | WAS CASE REFERRED TO CORONER (Specify Yes or No) | | |
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| (Spaciful) | 28a. INJURY AT WORK (Specify Yes or No) 28b. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28c. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28g. No. 132772 | \ | OR PENDING INVEST. | / / | | | WINT OCCURRED | | | | |
| 288. 250. | STATE REGISTRAR No. 132772 STATE REGISTRAR | \ | 28a. 200 | ACE OF INJURY—At home, farm | n, street, factory, office | | STREET OR R.F.D. N | lo. CITY OF | R TOWN STATE | | |
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This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued 4 7 0 9 3 0 UN 1 8 1999

Johnne Sylva State Registrar

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