

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

I, LORENA V. TOBIN, the Affiant,
being of legal age, and being first duly sworn, deposes and says:

That Richard Robert Tobin Jr, the decedent
(Deceased Name as shown on Death Certificate)

mentioned in the attached certified copy Certificate of Death, is the same person as Richard Robert Tobin Jr

(Deceased Name as shown on Deed)
named as one of the parties in that certain GRANT, BARGAIN, Sale Deed,
(Type of Document)

dated on the 23 day of June, 19 99, and executed by Charles L. McGRANAGHAN AND Mary T. McGRANAGHAN, known as "Grantor(s)"

to Richard Robert Tobin Jr AND Lorena V. Tobin, known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 226810, on the

25 day of MAY, 19 90, in book 590, of Official Records of Douglas County, Nevada, covering the following described property situated in the City of

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

LOT 58 IN BLOCK D, AS SHOWN ON THE OFFICIAL MAP OF MISSION HOT SPRINGS, UNIT No. 1 FILED FOR RECORD IN THE OFFICE OF THE COUNTY RECORDER OF DOUGLAS COUNTY NEVADA, ON JULY 6, 1987, IN BOOK 787, PAGE 001, AS DOCUMENT NO. 157492

ASSESSOR'S PARCEL NO. (APN#) 21-043-12

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 \$ _____

In Witness Whereof, I/We have hereunto set my hand/our hands this 23 day of June, 19 99

Lorena V. Tobin
(Signature)

Lorena V. Tobin
(Print or type name here)

(Signature)

(Print or type name here)

STATE OF NEVADA }
COUNTY OF Douglas }

On this 23rd day of June, 19 99
personally appeared before me, a Notary Public

Lorena V. Tobin

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

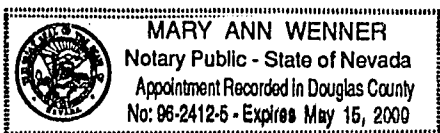
Mary Ann Wenner
(Notary Public)

RECORDING REQUESTED BY AND MAIL TO
NAME Lorena V. Tobin
ADDRESS 2976 SANTA INEZ ST
CITY/ST/ZIP MINDEN, NV 89423

If applicable mail tax statements to

NAME
ADDRESS
CITY/ST/ZIP

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY



(Notary Stamp)

0470930

BK0699PG4900

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

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

| | | | | | |
|---|--|--|--|--|---|
| 1. DECEASED—NAME First Middle Last Richard Robert TOBIN, JR. | | | DATE OF DEATH (Month, Day, Year) 2. June 18, 1999 | | COUNTY OF DEATH 3a. Douglas |
| 3b. CITY, TOWN OR LOCATION OF DEATH Minden | | 3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 2976 Santa Inez | | If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. | SEX 4. Male |
| 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. | | AGE—Last Birthday (Years) 7a. 71 | UNDER 1 YEAR MOS : DAYS 7b. : : UNDER 1 DAY HOURS : MINS 7c. : : DATE OF BIRTH (Mo., Day, Yr.) 8. March 25, 1928 |
| 9a. STATE OF BIRTH (If not U.S.A., name country) Massachusetts | | 9b. CITIZEN OF WHAT COUNTRY U.S.A. | | Decedent's Education. Specify highest grade completed. 10. 12 | |
| 13. SOCIAL SECURITY NUMBER [REDACTED] 5124 | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Manager | | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 12. SURVIVING SPOUSE (If wife, give maiden name) Lorena V. Fuller | |
| 15a. RESIDENCE—STATE Nevada | | 15b. COUNTY Douglas | | 15c. CITY, TOWN, OR LOCATION Minden | |
| 15d. STREET AND NUMBER 2976 Santa Inez | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | | |
| 16. FATHER—NAME First Middle Last Richard Robert Tobin, Sr. | | | 17. MOTHER—MAIDEN NAME First Middle Last Rita Lennox | | |
| 18a. INFORMANT—NAME (Type or Print) Lorena V. Tobin | | 18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 2976 Santa Inez, Minden, Nevada 89423 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY—NAME FitzHenry's Crematory | | 19c. LOCATION City or Town State Carson City, Nevada | |
| 20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i> | | 20b. FUNERAL DIRECTOR LICENSE NUMBER 70 | | 20c. NAME AND ADDRESS OF FACILITY Reno Memorial, 253 E. Arroyo, Reno, Nevada 89502 | |
| 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) <i>[Signature]</i> | | | 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> | | |
| 21b. DATE SIGNED (Mo., Day, Yr.) 6/18/99 | | 21c. HOUR OF DEATH 0505 | | 22b. DATE SIGNED (Mo., Day, Yr.) | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | 22c. HOUR OF DEATH | | 22e. PRONOUNCED DEAD (Hour) |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) Robert McDonald, M.D., 710 W. Washington, Carson City, Nevada | | | | | 23b. LICENSE NUMBER 6433 |
| 24a. REGISTRAR (Signature) <i>[Signature]</i> | | 24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) June 18, 1999 | | 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) <i>Respiratory Failure</i> DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death Days | |
| (b) <i>Advanced Lung Cancer</i> DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death Months | |
| (c) <i>End Stage Chronic Obstructive Lung Disease</i> DUE TO, OR AS A CONSEQUENCE OF: | | | | Interval between onset and death Years | |
| 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 | |
| 28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) | | | | 28b. DATE OF INJURY (Mo., Day, Yr.) | |
| 28c. HOUR OF INJURY | | | | 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 | |

STATE REGISTRAR

No. 132772

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

Date Issued: 047093 JUN 18 1999

[Signature]
State Registrar

PRINTING THIS FILE IS TO ALTER OR COPY THIS DOCUMENT

COPY

REQUESTED BY
Corena V. Tobin
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

'99 JUN 23 P2:59

0470930

BK0699PG4902

LINDA SLATER
RECORDER
\$ 9.00 PAID AS DEPUTY